# DOCUMENT RESUME

ED 048 720 EC 032 040

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|---|---|
| AUTHOR | Walden, S. Bernie; And Others |
| TITLE | Social and Sexual Development: A Guide for Teachers of the Handicapped. |
| INSTITUTION | Iowa State Dept. of Public Instruction, Des Moines.; Iowa Univ., Iowa City. Special Education Curriculum Development Center. |
| PUB DATE | Apr 71 |
| NOTE | 228p. |
| EDRS PRICE | EDRS Price MF-$0.65 HC-$9.87 |
| DESCRIPTORS | *Curriculum Guides, *Educable Mentally Handicapped, *Exceptional Child Education, Family Life Education, Lesson Plans, *Sex Education, Social Development, *Teaching Guides |

ABSTRACT

Designed to aid teachers in the instruction of social and sex concepts for the educable mentally handicapped, the guide provides suggested lesson plans at the primary, intermediate, and advanced levels. Scope, objectives, specific teaching suggestions, and resource materials are listed for each lesson in such areas as body image, sex role perception, human reproduction, sexual attitudes and practices, hygiene, emotional development, marriage and family life, venereal disease, social situations of peer acceptance and dating, sexual deviation, drug abuse, and premarital sex relations. A related bibliography provides additional sources of information, and appendixes contain charts, bulletin board ideas, worksheets, and diagrams to accompany ideas suggested in the text. A glossary and guide evaluation form are also included. (RD)

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SPECIAL EDUCATION CURRICULUM DEVELOPMENT CENTER
AN IN-SERVICE TRAINING APPROACH .....

ED0 48720

# SOCIAL AND SEXUAL DEVELOPMENT

## A GUIDE FOR *TEACHERS* OF THE HANDICAPPED

**A Cooperative Program Involving The Iowa State Department of Public Instruction and The University of Iowa**

Printed by
the
Joint County System
of
Cedar Johnson Linn
and
Washington Counties

April 1971

Special Education Curriculum Development Center-
An In-Service Training Project

# SOCIAL AND SEXUAL DEVELOPMENT

## A GUIDE FOR *TEACHERS* OF THE HANDICAPPED

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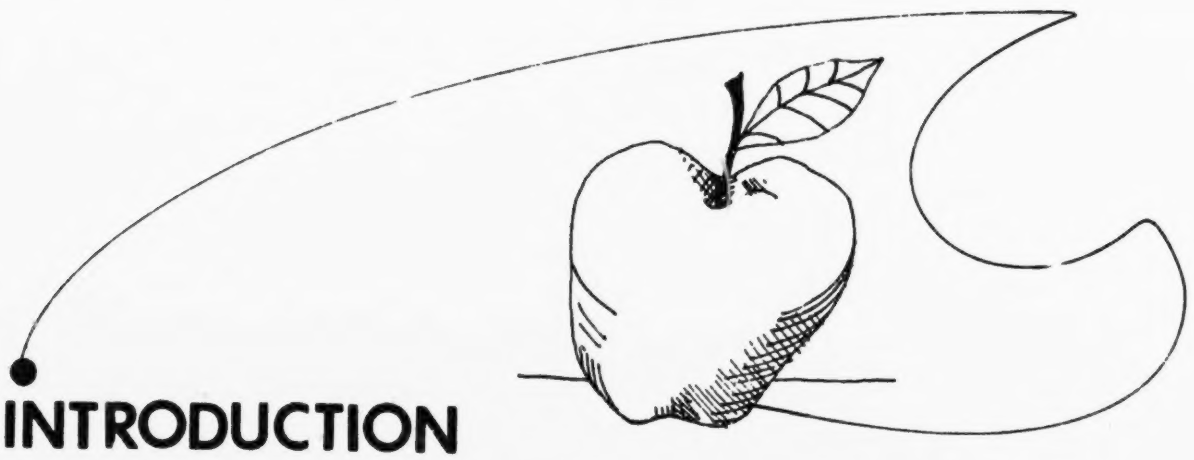
The Special Education Curriculum Development Center has as its main objective the operation of a statewide in-service training program for teachers of the mentally retarded. Twenty special class teachers from different geographic areas of Iowa serve as consulting teachers. They attend training sessions at The University of Iowa and then return to their home area to conduct field sessions. All materials prepared for SECDC are intended for dissemination through the field sessions conducted by the consulting teachers. These materials are prepared by the SECDC staff in response to the suggestions of special class teachers. Persons reading SECDC material but not attending the field sessions should keep in mind that the purpose of the material is to serve as a starting point for in-service training and that the publications themselves are not end products.

It should also be noted that any reference to commercially prepared materials by the Special Education Curriculum Development Center does not constitute a recommendation or endorsement for purchase. The consideration of such material is intended solely as a means of assisting teachers and administrators in the evaluation of materials.

## TABLE OF CONTENTS

**Introduction** . . . . . . . . . . . . . . . . . . . . . . . . . . . 1
**Primary Level** . . . . . . . . . . . . . . . . . . . . . . . . . . 11
Lessons
1 Realistic Body Image . . . . . . . . . . . . . . . . . . 15
2 Proper Toilet Habits . . . . . . . . . . . . . . . . . . 19
3 Differences Between Men and Women . . . . . . . . . 21
4 Male and Female Roles . . . . . . . . . . . . . . . . . 23
5 Self-Conflict . . . . . . . . . . . . . . . . . . . . . . 25
6 Love . . . . . . . . . . . . . . . . . . . . . . . . . . 27
7 Sexual Encounters . . . . . . . . . . . . . . . . . . . 29
8 Growth . . . . . . . . . . . . . . . . . . . . . . . . . 33
9 Differences in People . . . . . . . . . . . . . . . . . 51
10 Negative Feelings . . . . . . . . . . . . . . . . . . . 61
11 Living Things . . . . . . . . . . . . . . . . . . . . . 67
12 Human Reproduction . . . . . . . . . . . . . . . . . . 69
**Intermediate Level** . . . . . . . . . . . . . . . . . . . . . . . 77
Lessons
1 Embryo and Fetal Development . . . . . . . . . . . . . 79
2 Sociograms and Peer Relationships . . . . . . . . . . . 85
3 Adolescent Physical and Emotional Changes . . . . . . 91
4 Facial and Body Hair, Acne . . . . . . . . . . . . . . 95
5 Reproductive Organs . . . . . . . . . . . . . . . . . . 97
6 Menstral Hygiene for Girls . . . . . . . . . . . . . . 99
7 Sexual Feelings and Masturbation . . . . . . . . . . . 103
**Advanced Level** . . . . . . . . . . . . . . . . . . . . . . . . 109
Lessons
1 Personality . . . . . . . . . . . . . . . . . . . . . . 113
2 Feelings and Emotions . . . . . . . . . . . . . . . . . 117
3 Authority . . . . . . . . . . . . . . . . . . . . . . . 121
4 Peer Group . . . . . . . . . . . . . . . . . . . . . . 123
5 Dating . . . . . . . . . . . . . . . . . . . . . . . . . 127
6 Premarital Sexual Relations . . . . . . . . . . . . . . 131
7 Heredity . . . . . . . . . . . . . . . . . . . . . . . . 135
8 Environment . . . . . . . . . . . . . . . . . . . . . . 139
9 Planning for Marriage and Family Life . . . . . . . . 143
10 Motivation for Marriage . . . . . . . . . . . . . . . 147
11 Family Planning . . . . . . . . . . . . . . . . . . . 149
12 Communication in Marriage . . . . . . . . . . . . . . 157
13 Meeting Conflicts in Marriage . . . . . . . . . . . . 161
14 Sexual Deviants . . . . . . . . . . . . . . . . . . . 167
15 Venereal Disease . . . . . . . . . . . . . . . . . . . 169
16 Alcohol . . . . . . . . . . . . . . . . . . . . . . . . 173
17 Smoking . . . . . . . . . . . . . . . . . . . . . . . . 181
18 Drug Education . . . . . . . . . . . . . . . . . . . . 185

**Bibliography** . . . . . . . . . . . . . . . . . . . . . . . . . **209**
**Appendices**
A Body Parts and Poster . . . . . . . . . . . . . . . . . . . **221**
B Contemporary Dress . . . . . . . . . . . . . . . . . . . **225**
C Growth & Development - Male . . . . . . . . . . . . . **227**
Growth & Development - Female . . . . . . . . . . . . **229**
D Traditional Jobs for Men and Women . . . . . . . . . . . **231**
E Men and Women Working Together . . . . . . . . . . . **233**
F Card Game: Living and Non-Living Things . . . . . . . . **235**
G Guidelines for Use of Animals in the Classroom . . . . . . **241**
H Guess Who? (Bulletin Board Ideas) . . . . . . . . . . . **243**
I Facial Expressions . . . . . . . . . . . . . . . . . . . **245**
J Who is My Mother? (Worksheet) . . . . . . . . . . . . **247**
K Family Tree . . . . . . . . . . . . . . . . . . . . . . **249**
L Fetal Development . . . . . . . . . . . . . . . . . . . **251**
M Impossible Combinations . . . . . . . . . . . . . . . . **253**
N Male & Female Reproductive Systems . . . . . . . . . . **255**
**Glossary** . . . . . . . . . . . . . . . . . . . . . . . . . **263**
**Teacher Evaluation** . . . . . . . . . . . . . . . . . . . . **269**



# INTRODUCTION

"The primary aim of sex education is to help each individual to understand himself as a sexual being in the total sense and to use that knowledge in a responsible manner."(Schulz & Williams, 1968-69)

The sex education needs of the educable mentally retarded are basically the same as those of individuals with normal intellectual ability. Differences do occur in the curriculum and in the teaching of the mentally retarded because of the retardate's greater need for guidance due to his lesser ability to abstract and generalize, and because of the teacher's need for assistance in planning concrete learning experiences. If sex education is to be presented in its proper perspective, if it is to be more than biology and anatomy, more than an attempt to induce students to adopt someone else's moral values, if it is to be the exploring of social attitudes and values enabling the child to find out who and what he is emotionally, socially and physically, then the teaching of sex information and the opportunities for growth in knowledge of oneself must be considered as experiences integral to the total curriculum.

The material presented in this guide is the result of an attempt to organize a sequential program of lessons on this broad concept of sex education. The lessons have been planned and organized on three levels -- primary, intermediate and advanced. It is intended that a teacher modify the material to meet the needs of her class but that, in general, she will follow the basic sequence of the lessons. However, individual lessons or groups of lessons can be adapted from this material and taught separately whenever the teacher feels that the class is ready or is having problems related to this material. For suggestions for other topics to be taught refer to *Journal of School Health,* May 1967, pages 49-248 in *Family life and sex education* by Schulz & Williams, and *A guide to develop programs for family living and personal growth,* Iowa Department of Public Instruction, 1969.

This document attempts to present a limited number of sample lessons in specific areas of social development with the primary emphasis on those topics directly related to sexual behavior. It is hoped that the teacher will compile additional lesson plans which will strengthen the retardate's self-image and increase his potential for self-direction.

It should be noted that the material is written for *teachers* and not for students. The vocabulary used to explain concepts and topics enables the writer to communicate with teachers. In many cases terms are simplified for use with the pupils. However, for the most part, the teacher makes the final modification of the vocabulary to best meet the needs of her group.

The inclusion of planned learning experiences on sex education for the mentally retarded will be in addition to the curriculum currently employed in many special education programs. Generally such learning experiences are left to incidental teaching or handled through short term units. It is the conviction of those responsible for these materials that the teaching of sex information as an integral part of preparing the student for an adult role is a major component of the curriculum for the mentally retarded. Unless this belief is shared by the teacher using these materials the impact of this document will be greatly reduced.

Two of the necessary areas to be included in preparing students for their responsibilities are : one, the study of attitudes regarding sexual feelings and practices and two, the study of human reproduction. In the regular class program in high school these topics are usually taught as a separate block of study in such courses as science, home economics, or health. The hesitancy to include these areas of study in elementary school programs has often been due to misinformation regarding the role of sex within our culture.

Since sex education is now recognized as being important and necessary to include in the curriculum, there are several basic planning principles common to the curriculum of mental retardation and students of normal intelligence which should be considered.

**SYSTEMATIC APPROACH**

It is not enough to present brief, isolated lessons on nocturnal emission and menstruation, or dating behavior and reproduction. Students need help in understanding their feelings and coping with social situations which they will encounter. The teaching of specific information must be couched in a context which embraces the realities of life and the perspectives of the child. A systematic approach implies a developmental emphasis with attention being given to offering relevant sex and social information at the primary level so a basis will be established for more mature experiences at the older levels.

**TEACHER COMPETENCIES**

The knowledge and attitudes of the teacher represent other important variables in the successful implementation of a sex education program. Knowledge of the subject matter is necessary but not sufficient for effective teaching in this area. The teacher must be capable of developing a relationship with her pupils which allows for effective communication. The students must feel free to ask questions and contribute to the discussion. Only when the teacher is able to reflect healthy attitudes and positive views toward the subject can maximum benefit for the student be the result. The values and attitudes of the typical classroom teacher are often very middle-class and are not necessarily the values and attitudes of the child's home. In general, the teacher represents a generation once or twice removed from her students. These factors seem to complicate the establishment of the kind of relationship desired, particularly at the junior and senior high levels.

**PARENTAL INVOLVEMENT**

While parents are willing to concede responsibility to the educational establishment for decisions on methods, techniques and content inherent in the teaching of basic skills and in most subject matter areas, this concession is not to be assumed in the area of sex information. This does not necessarily mean that objections should be anticipated but that parents should be kept aware of the information used and of the scope of the subject matter and they should be involved in determining the direction of the program. If parents are aware of the type of information that will be presented in the classroom and understood the rationale for teaching this material, they are less likely to fear or criticize the program.

Before informing or involving parents in the family living program, the teacher should discuss the prospective program with her principal to insure his support. The teacher should also be aware of the needs of the community as well as its level of sophistication and its readiness for sex education. In a small or rural community, it might be wise for the teacher to gain endorsement for her program by working with community leaders, i.e., medical, spiritual, political, school board members, in setting up her program. She should be aware of sensitive areas which might best be left unexplored in a particular community to avoid overreaction to and general criticism of the whole sex education program. For example, in a predominately Catholic community, it would probably be unwise for a teacher to discuss contraceptives or abortion, which are in conflict to the teachings of the church.

The following are some suggestions to help the teacher involve parents in her sex education program. Not all of the suggestions will be applicable to all teaching situations:

*Planning Stage: Gaining parental and community support for the program.*

1. Ask specific parents to serve on an Advisory AdHoc Committee along with various auxilliary school personnel, such as the school nurse, school psychologist, guidance counselor, to discuss the rationale, material, and teaching methods appropriate for a program in sex education. This committee serves as a consulting body in planning the program and as a useful laison in gaining community support.

2. Send a questionnaire to parents to survey their attitudes and opinions toward sex education. Such questions as:
   - At what grade should sex education begin?
   - What specific topics do you feel need to be covered in the area of sex education?
   - Should sex education be a required or an elective course?

   These questions will reflect parental opinion and help the teacher plan an appropriate program for her pupils.

3. Sponsor a film concerning sex education for viewing by members of the local community. Some suggestions are:
   - *Sex Education U.S.A.*, Guidance Associates, color, Part 1, 20 min.; Part 2, 19 minutes.
   - *Sex: A moral dilemma for teenagers,* Guidance Associates, color, Part 1, 14 min.; Part 2, 20 min.
   - *Parent to child about sex,* Henk Newenhouse, color, 31 minutes.

4. Sponsor a lecture by a professional in the field of sex education at a community meeting. Such a lecture might be followed by a question and answer period involving parents and a panel of associated school personnel.

5. Provide various means of publicity for parent and community recruitment in establishing a sex education program or for attending meetings concerning this topic.

Some suggestions are:

- General announcements through local radio stations or fliers posted in public places (grocery store, post office, school buildings).
- Announcements or letters of invitation to attend meetings in school about the sex education program. These can be mailed or sent home with the pupils.
- A phone squad of parents who call other parents and ask them to attend meetings.
- Have informal contacts or conversations with people who can *pass the word,* such as clergymen, local professional people, local politicians.

*Implementation Stage: Involving parents in the actual program in progress.*

1. Invite parents to attend a general meeting where they can learn what materials will be taught and how this material will be presented. Parents should be able to sit through and participate in an actual lesson. A printed sheet of topics and, if possible, the approximate dates on which these topics will be taught should be distributed to parents.

2. Have parents submit questions and suggestions regarding the sex education course to the teacher. These questions and suggestions can be used as a basis for a meeting.

3. Set up, on a rotating basis, a series of evening meetings (bi-monthly - monthly) to discuss and evaluate the sex education program. Some suggestions for these meetings are:
   - Question and answer period with school personnel involved in the sex education program, such as principal, school nurse, school psychologist, guidance counselor.
   - Discussion of case studies that will help the parents in handling and answering their child's questions or with their problems.
   - Role-playing common situations that involve sex education or general problems that arise between adolescents and their parents. Each role-playing sequence can serve as a basis for discussion.
   - Guest speakers concerning sex education:
     - Planned Parenthood
     - Social Services Department
     - Welfare Department
     - Local physicians
     - Visiting nurse
     - Community Mental Health
   - Large and small group discussion about specific problems relating to sex education, i.e., V.D., drugs, alcohol.
   - Films, records, sound tapes involving sex education.

4. Use P. T.A. or individual pupil conferences as a means of informing parents about the sex education course and their child's response to the presented materials.

5. Set up a lending library with materials, or sources of materials, that the parents can borrow and use at home for their own information or for reinforcing the materials presented in school. Some suggestions are:

   Books for parents and children

   Books for parents:

   Anderson, W. J. *How to discuss sex with teenagers.* Minneapolis: T. S. Denison & Co., 1969.

   Arnstein, H. *Your growing child and sex.* Indianapolis: Bobbs-Merrill, 1967.

Books for parents, continued:
  Driver, H. I. *Sex guidance for your child: A parent handbook.* Madison: Monona Publications, 1960.
  Rayner, C. *A parent's guide to sex education.* Garden City, N. Y.: Doubleday Publishing Co., 1969.
  Shimel, J. L. *The parent's handbook on adolescence.* N. Y.: New York World Publishing Co., 1969.
Films and filmstrips
Records or tapes
Current magazine or journal articles
Picture files (growth and development of a baby, human maturation, male and female reproductive systems)

6. Set up a system whereby parents, with teacher approval, are invited to attend any class discussions on sex education. Encourage them to take an active role in these class discussions.

7. Encourage parents to meet outside the school in small groups established to discuss similar problems they might be experiencing with their children.

*Evaluation*

It is difficult to evaluate the effectiveness of parental involvement in a sex education program. A teacher can take notice of a variety of subtle factors in determining whether or not parental involvement improved the quality of her course and made her program more acceptable and effective in the community and school.

Some of these factors are:

*Did the parents show interest in the programs and materials being presented in the school?*

*Did any parents show indications, through overt statements or general behavior, of favorable shifts of attitude toward a program in sex education?*

*Did parents make use of the materials presented or suggested for home reinforcement?*

*Have any students indicated a greater degree of communication with their parents concerning sex and related topics?*

*Did any parent(s) take the initiative to start an informal parental discussion group outside the school?*

*Have parents remarked favorably about the program on an informal basis or at conferences?*

*Would a general opinion survey indicate approval and acceptance of the course at its completion?*

*Have any parents made an active contribution to meetings, discussions, suggested methods and materials?*

**COMMUNITY RESOURCES**

Physicians, nurses, mothers, social workers, clergymen and Planned Parenthood are among the individuals who collectively represent the community resources available and necessary to education, in developing instructional programs in sex education. The availability and/or willingness of a resource person to assist in the program should be only one of the criteria for participation. In addition to possessing the information and the willingness he must be able to relate to the pupils and he must fully understand the relationship of his assignment to the program.

Few special education programs for the EMR in Iowa are of sufficient size to warrant a major commitment of local staff time to independently develop guidelines for sex education. However, the EMR students need a planned sequential program which deals honestly with previously ignored areas as much as the normal students. It is because of this need that this document has been developed. The selection of the content is a result of staff study and teacher suggestions. However, no pretense is made that the material is all inclusive or that any particular segment of the content is crucial to the program. Rather, the intent is to encourage special class teachers at all levels to incorporate a developmental, integrated, comprehensive and honest approach to the influencing of attitudes and the teaching of sex information. Teachers will need to modify and supplement the suggested lessons in order to meet the needs of their pupils. No assurance can be offered that the material is appropriately graded for difficulty or that the sequence is unalterable. The teacher is encouraged to use her local Instructional Materials Center for obtaining books and audio-visual materials that will be appropriate for her particular program.

## A MESSAGE TO THE TEACHER

Probably one of the most vital components of a comprehensive sex education program should be the assistance provided the teacher through orientation and workshop sessions. In the absence of these opportunities, the special class teacher must prepare herself. This will involve considerable reading, exchanging of ideas with fellow teachers and related professional persons, as well as a self-appraisal of her own attitudes and values. Without this background on the part of the teacher, the students will not attain maximum benefit from the program. To do only as you please in the teaching of sex information is unfair to yourself, the pupils and the program. The teacher must carefully plan her lessons and approach them with the belief that the subject matter is an integral and natural part of the total curriculum, and with confidence in her ability to handle the information in an unbiased manner. Then sex education helps the child find out who he is socially, emotionally and physically, offering him greater possibilities to fulfill his needs.

The teacher's role will not be easy initially. Because of the censorship our society has placed on open discussion of sex related problems, many teachers will be hesitant to answer questions pertaining to sexual feelings, human sexual organs and reproduction. You should not be alarmed if you find yourself in this situation. The broad coverage of the subject in this publication and suggested references should help you gain confidence. An alternative may be to team teach specific lessons with another faculty person who can help you be more candid with your class. The important factor to keep in mind is that the social development of the educable mentally retarded child depends on experiences provided by the teacher.

As a teacher of the educable mentally retarded you must understand the technical information as well as be prepared to explain it in terms commensurate with the limited comprehension of the students. It is difficult to find an acceptable terminology with which sex may be discussed. This subject has, in the past, been discussed in either a complicated technical vocabulary or in terms considered to be vulgar and socially unacceptable. The retardate is not going to grasp the former, and a teacher may not want to use the latter. This does not mean that the street vocabulary should be ignored, rather it may be necessary to incorporate the popular terms with a technical vocabularly meaningful to the child. Society's language of sex creates a problem in teaching sex related material.

Parents and teachers often scold their children for using words which they or other adults cannot accept. Instead of helping the children understand that there are more appropriate words they resort to admonishing them by using the well known phrase *that's naughty.* But naughty words are also commonly heard on the school play ground as well as in the classroom. Consequently, the teacher may be shocked, but must remember not to act it. First, it is not a good idea to promote additional inhibitions regarding sex by inferring that it is *dirty* or *bad.* Most slang expressions with sex implications are devoid of logic. Second, every attempt should be made to help the child to become an acceptable member of society through the development of language used by most people in our society (e.g., from the use of *dirty* language to the use of socially acceptable language, from the use of childish family words to the use of words common to most of our culture). It seems reasonable to assume that a child who uses terms not considered *proper* needs to be worked with, not reprimanded. He should first be asked what the word means and then asked why he used it. The child must be helped to use terms which are smarter as well as more appropriate.

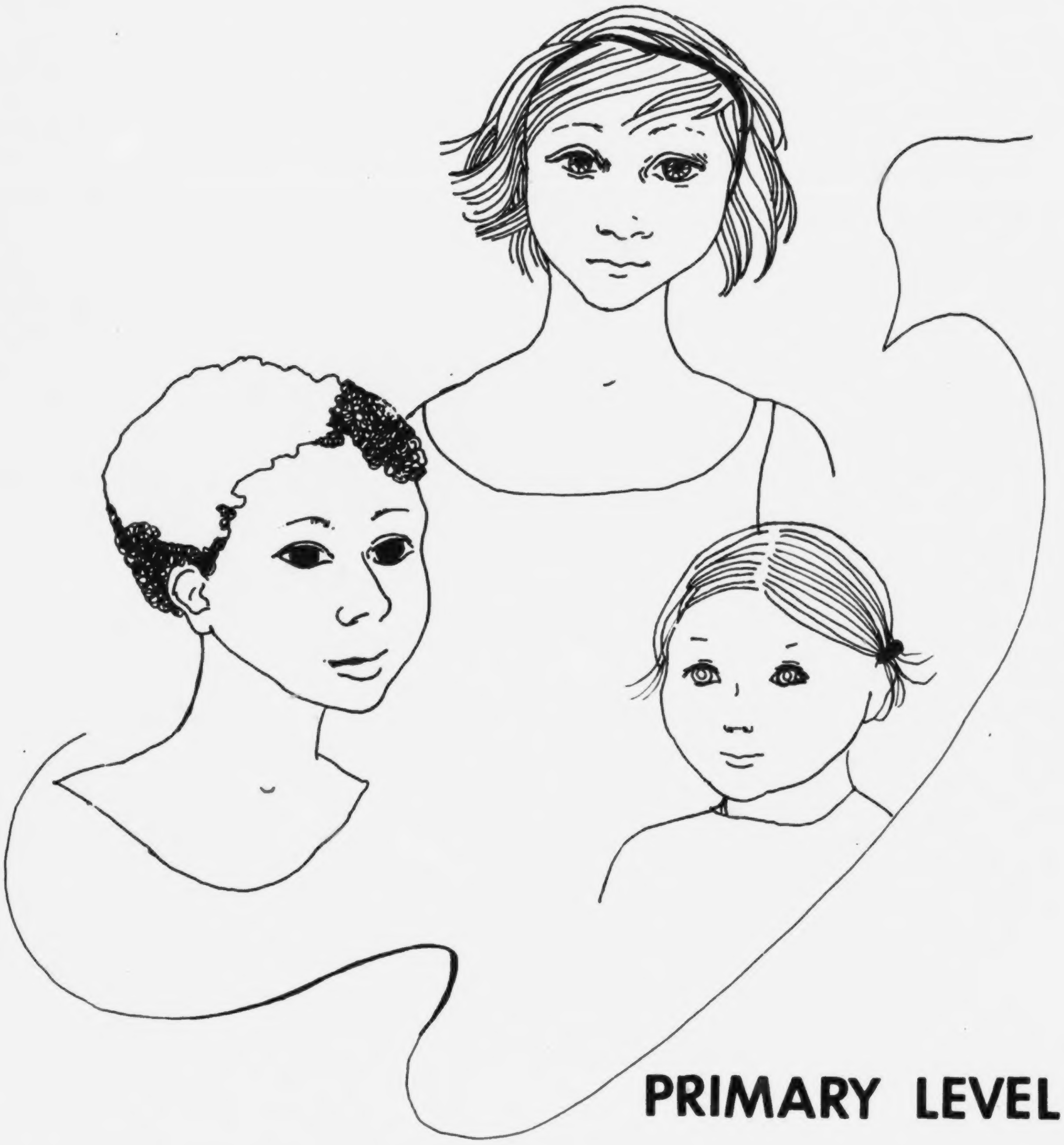
Another point made and reinforced through class discussion can center around which words are not socially acceptable, though appropriate, and which are. However, you do not want to belittle the child's family background. Thus, care should be used in referring negatively to the vocabularly of the home, where children may hear these words frequently. School, television and radio programs, stores and the church environment are places which may be used to illustrate the fact that many terms aren't generally acceptable but that there are other words we can learn and use.

Lester Kirkendall (1965), an authority and pioneer in sex education, has said: *The purpose of sex education is not primarily to control and suppress sex expression as in the past, but to indicate the immense possibilities for human fulfillment that human sexuality offers.*

This is a positive approach to the teaching of sex education but it is not always characteristic of our practice today. Many parents and educators seem to want sex education taught in the schools so that out-of-wedlock pregnancies are reduced, venereal disease is controlled, and what adults see as a revolution in sexual mores is offset. We need to be aware that there have been significant changes in sexual behavior over the years which parents and youth need to understand. For example, there are a greater number of out-of-wedlock pregnancies today and venereal disease is still a major problem among the young.

We can't set up patterns for student thinking. We can teach him how to think, not what to think. We can help him think through the confusing issues he faces in his life by: 1) helping him broaden his knowledge about the subject, 2) encouraging him to express his feelings about the issues, and 3) assisting him to develop a value system that will help him make choices between difficult alternatives in a time when standards are changing.

Ideally, sex education should offer the students a chance to assess a wide variety of behavior and decide how it applies to the society in which they live, preparing them to decide on their own set of values within the parameters of acceptable social behavior.



# PRIMARY LEVEL

# PRIMARY LEVEL

The goals of education should include the self-acceptance and self-direction of each individual. Positive guidance in building habits and concepts which form healthy, well-adjusted individuals with positive images of themselves should be present from the earliest stages of development. The initial responsibility, therefore, lies within the home. The school must continue and supplement this guidance.

A sex education program should begin in kindergarten in order to gain success in establishing wholesome, natural attitudes. This early beginning provides for readiness and acceptance of the sequential instruction, which can lead to a clearer understanding of life processes and of the self.

The opportunity to teach children to accept their body parts and functions and to understand the development of living things is simplified and enhanced by the fact that their interest in sex is based on curiosity. Prior to adolescence children do not consider themselves sexual beings, and primary children usually do not concern themselves with the abstract relations of love and emotion. If there are inhibitions or reactions of shame and embarrassment, they are usually the result of the subjects being ignored or referred to as something that a child should not talk about. The presentation of sex related subjects within the school situation in a natural honest manner helps a child overcome such feelings. Therefore, the questions asked by the child should be answered within the limits of his comprehension and within his present need for information.

For the primary teacher of educable mentally retarded students, the opportunity to integrate knowledge of the child's body and himself into everyday activities is extensive. For instance, perceptual development exercises which are a part of reading readiness preparation may be used in establishing natural attitudes toward body parts, and the correct terminology with reference to personal care and toilet habits will increase the child's knowledge.

To become aware of male and female as the two sexes, to become aware that they are either male or female and to discuss these differences, may seem to be unnecessary. However, the fact that boys and girls are different is often a subject of whispered discussion between elementary school children who have never been given the opportunity to discuss openly what should be a natural and accepted fact.

As in all areas of education, sex education should begin where the student is. Children of normal intelligence indicate where they are by asking questions to get the sex information they want and need. Mentally retarded children, especially the trainable, may not be able to form the questions which get them their information. Many of the EMR children are not capable of understanding the biology involved. Being retarded may also prevent their making adequate social decisions and prevent them from anticipating the consequences of inappropriate behavior. The retarded will not incidentally amass as much information as a normal child. Yet the knowledge and the skills are necessary for all children.

The teacher needs to anticipate and plan for the mental retardate's needs. Structuring a unit on the family is one way of helping the child gain much of his information in the broad area of sex education and social attitudes. The materials provided in this unit include many possibilities for integration in the core areas and for instruction in social competencies which include self-understanding and sensitivity to others as well as information on how to act on different occasions.

A unit on the family has traditionally been part of the curriculum and provides a good starting point for teaching sex education. The family is the most influential and the most visible of the groups the child encounters. Within the family he gets his first experiences with love, care and interaction with other people. These experiences, which influence the way the child feels about himself and help determine his social growth and development, can be built on by the teacher who wants to give the child specific and realistic information concerning family life and sex education and who also wants to help the child improve his personal and social relationships through a better understanding of himself and others.

It is important to note that the emphasis that has been placed in our culture, on being married and having a family, has been so great it implies that anyone from a home that does not include a mother, father and siblings comes from an undesirable environment. All children do not come from this ideal type of home. Many come from homes broken by divorce, separation or death, where the father figure is around part time or where there are a succession of fathers. These children should feel that their home life can also provide the comfort, love and trust that they need.

Sex education can be included in units on the family, animals, the home, health or science. It may be motivated by a new baby in a student's home, a new litter or by a problem, i.e., child's use of four-letter words. Using the unit method and adapting the following lessons to fit your class facilitates the reinforcement and the functional teaching that are important for retarded children.

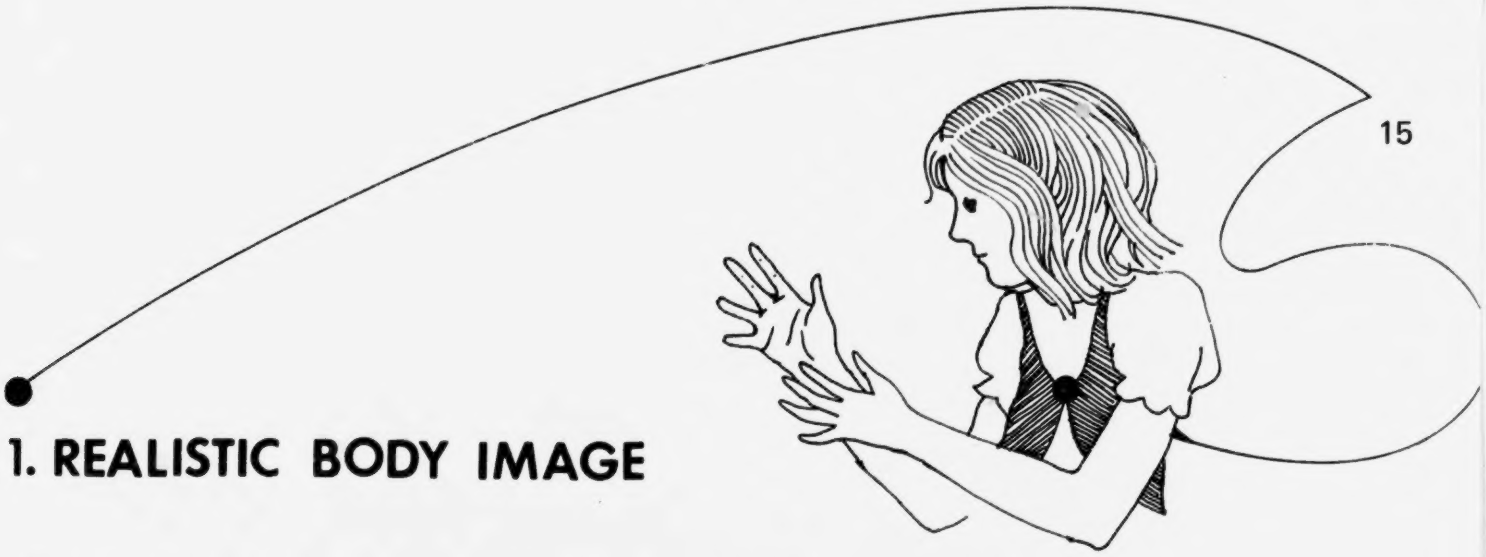
Children need to be taught at their level and from their background of information in social areas as well as in the academic ones. One problem in teaching sex education is caused by the teacher's rigidly adhering to her set of middle class values and opinions. She fails to realize and understand that her middle class orientation may not be the orientation of her students. She, therefore, widens the cultural gap along with the generation gap. Differences in values, experiences and information may exist between ethnic groups, between different occupational or socio-economic groups and between boys and girls. The differences between the values of the teacher and school and of the home or neighborhood can be presented as varied views on the subject.

In order to more fully understand the problems of her students and to be able to gear her teaching to their needs, the teacher needs to know her students' sources of sex education, the types of experiences they have had, the vocabulary they use, the attitudes they hold, the neighborhoods they live in and the resources of the community. The teacher can read the school records, keep an anecdotal account of student behavior and response, be alert to the vocabulary and attitudes the child expresses with his peers, or visit his neighborhood and home.

Unfortunately most of the films and books available to the teacher and her students depict one way of life, a middle class life. The picture is usually one of a mother at home, a father who works from nine until five, two children and a three-bedroom house. This view is very different from that seen by the child who grows up with seven brothers and sisters in one room, many substitute fathers, and who has probably witnessed sexual encounters not depicted in a film which purports to teach about sex.

There is no single approach and no standardized curriculum that is suitable for all classes and for all students. The teacher must adapt her program to the needs of her students and utilize the best resources of the community, teaching the student comfortable and acceptable ways of expressing his sexuality.

The material providing guidance in sex education and in social living for this beginning level should be arranged in a way that allows for great flexibility. It may be presented as individual units of instruction, or it may be integrated into the plans of other curriculum areas. The material is to be used as a guide to the content to be covered, and for examples of lesson presentations. It may be adapted by each individual teacher in any way that proves to be most effective.



# 1. REALISTIC BODY IMAGE

**SCOPE**

To help the student develop an image of his body through recognition of the names of body parts and to help him see that the body performs many functions.

**OBJECTIVE**

To name the body part the teacher points to and describe its function.

**SUGGESTIONS FOR THE TEACHER**

- Conduct sessions in which the names of body parts are learned: head, arm, hand, chest, back, abdomen, buttocks, leg, foot, hair, mouth, eyes, nose, ears, neck, shoulder, elbow, wrist, finger, knee, toe, and heel. When making reference to these body parts, mentioning their functions adds meaning, although at this time it is not necessary to emphasize these processes.

- In discussing body parts, it is necessary to name only those involved in the actual activities. However, prepare for the possibility of broader discussion if prompted by the children. They may become enthusiastic when listing and want to identify eye lashes, thumbs, lips, cheeks, and chin. It would not be unusual to have a reference to or question concerning a "rear", "bottom", or "butt." This kind of opportunity is too often hushed or ignored. It is a chance to begin to form healthy concepts and introduce correct terminology. Point out that the proper name is buttocks and continue the lesson as you presented it for other parts of the body. "What body part do we sit on?" Have the students respond with the proper word buttocks. Terms used in the individual home, such as "bottom" are acceptable and should not be given negative inference.

- Play games where children are instructed to move parts of the body, e.g., "Simon Says" (But allow each child to remain in the game even if he makes a mistake), "Did You Ever See A Lassie?", "Looby Lou" (Have children stand in a circle and tell them which body part to move).

- Mention the body parts involved while washing and dressing.

- Blindfold a child; touch a part of his body. Ask him to identify that part of his body by naming the part or touching another child on the same spot.

- Ask questions with reference to body parts. "What kinds of things do we do with our hands?" "How do our legs help us?" "On what parts of our bodies do we wear shoes? Hats? Gloves?"

- Have children view pictures of people in various positions and tell what body part is involved.

The girl is standing on her *feet*.

The boy is lying on his *back*.

This girl is waving her *arm*.

The woman is kneeling on her *knees*.

The baby is resting his *head*.

- Have the children imitate the positions they see in pictures.

- Make clay and pipe cleaner figures of people in different positions.

- Have the children paint pictures of people using their bodies in various ways.

- Help each child make simple body parts of oaktag and put them together: hair, head, neck, shoulders, body, arms (in two parts), hand, legs (two parts), feet. Body parts are connected and used in different ways for different positions and activities (Appendix A).
- Make a booklet of pictures of people using their bodies in various ways.

- Make prints of body parts with finger paint, i.e., lips, hands, feet.

- Cut out pictures of body parts from magazines. Make a large outline of a person and have the children attach the body part on the appropriate spot.

- Talk about and show articles of clothing. Have the children tell which body part each covers.

- Discuss pieces of furniture; chair, footstool, ladder, bed. How and what parts of our bodies use this furniture?

- Name all the things you can do with your hands, feet, head, eyes, toes, etc., and demonstrate.

- What parts of your body do you use when you play ball, eat your supper, use the toilet?

- What part of the body do you use to make different pieces of equipment work, i.e., straw, drum, horn, puppet?

- Relate one body part to another. What other part of the body do you think of when you think of toes (foot), fingers (hand), eyes (head), teeth (mouth).

- Draw figures with parts missing and have the children tell what is missing.

- Sing "Finish My Rhyme" (Sesame Street, 1969) sung and chanted to the tune of "Twinkle, Twinkle Little Star." Stop before the last word of each verse and let the children name and point to the right part of the body.

If a bird you want to hear,
You have to listen with your ___(ear)
If you want to dig in sand,
Hold the shovel in your ___(hand).
To see an airplane as it flies,
You must open your ___(eyes).
To smell a violet or a rose,
You sniff the fragrance through your ___(nose).
When you walk across the street,
You use two things called your ___(feet).
East and West and North and South,
To eat or talk you use your ___(mouth)___.
When all these things we said get dirty,
You jump in the tub and make yourself ___(purty)___.

●Sing the song again, pointing to the body parts on yourself and on a poster in the room. (Appendix A)

●Make a body poster for each child. Have each child lie down on a large sheet of paper. He will see an outline of himself when he gets up. Have him color it and name the parts, while you label them and put on the child's name. Hang the posters around the room.

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

Blackledge, Virginia, M.D. *Sex education for the mentally retarded: A Discussion for parents who have a mildly or severely retarded child (An Educable or Trainable Retarded Child)* 1969.

Frostig, M.& Horne, D. *The Frostig program for the development of visual perception,* 1964.

McLeod, P. *Readiness for learning,* 1965.

*Parent/Teacher Guide to Sesame Street,* 1969.

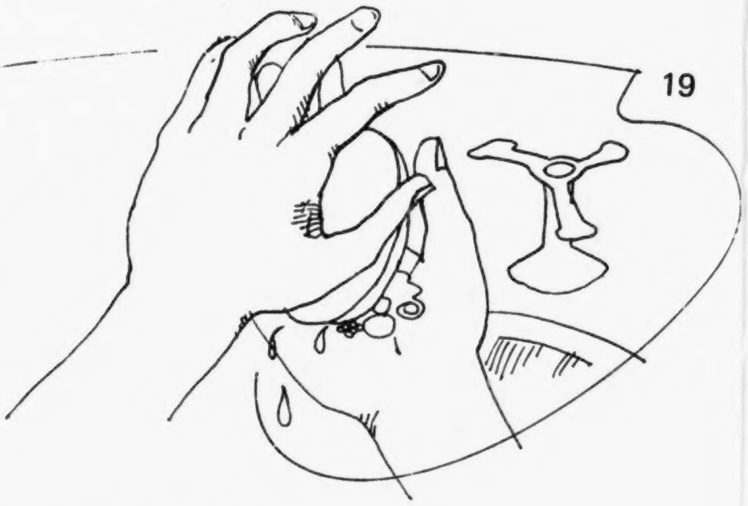
Recordings:

1. Basic Concepts Through Dance: Body Image, EALP 601. Educational Activities, Freeport, New York.
2. Listening and Moving, LP 605, 606-7, Educational Activities, Freeport, N. Y.
3. Songs for Children with Special Needs. Frances Cole, Bomar Records.

Other resources:

Pictures of persons of varied sizes, shapes and colors in different positions: standing, sitting, kneeling, lying, propped on elbows, etc.

Body part poster (Appendix A).



## 2. PROPER TOILET HABITS

**SCOPE**

To learn accurate terminology for body parts and functions involved in elimination.

**OBJECTIVE**

The child shall use correct toilet terms.

**SUGGESTIONS FOR THE TEACHER**

● There are many opportunities for using and teaching correct toilet terminology with young children. The teacher should be alert for such occasions. If a child says he has to wee-wee, tinkle, or grunt or uses other "family" expressions, the teacher should respond with more acceptable, more widely used terms. A teacher comment might be, "Yes, you have to go to the toilet, to the boys/girls room, or the restroom." Accept the child's term and repeat it with the more acceptable one. Depending upon the maturity of the child, he may be encouraged to use such terms as "urinate" and "bowel movement." Keep this changing of language on a positive note by explaining that we use these terms because we are in school and are learning to say things so that everyone understands us, i.e., "Different families may use pet expressions and so other people don't always know what you mean. They will know if you use the proper term."

● Other areas of training concern: position at the toilet, using tissue, flushing the toilet and washing hands after each use.

● There will be opportunity to expand the child's vocabulary and help him see the physical differences between boys and girls. Comments or questions may arise as to why the boys stand when they urinate and the girls sit, explain: "A boy has a penis through which he urinates. He can hold his penis over the toilet. A girl sits down so she won't get all wet when she urinates."

● If the child does not initiate a discussion of the physical differences between boys and girls and a chance to develop this vocabulary, you may have to initiate the discussion.

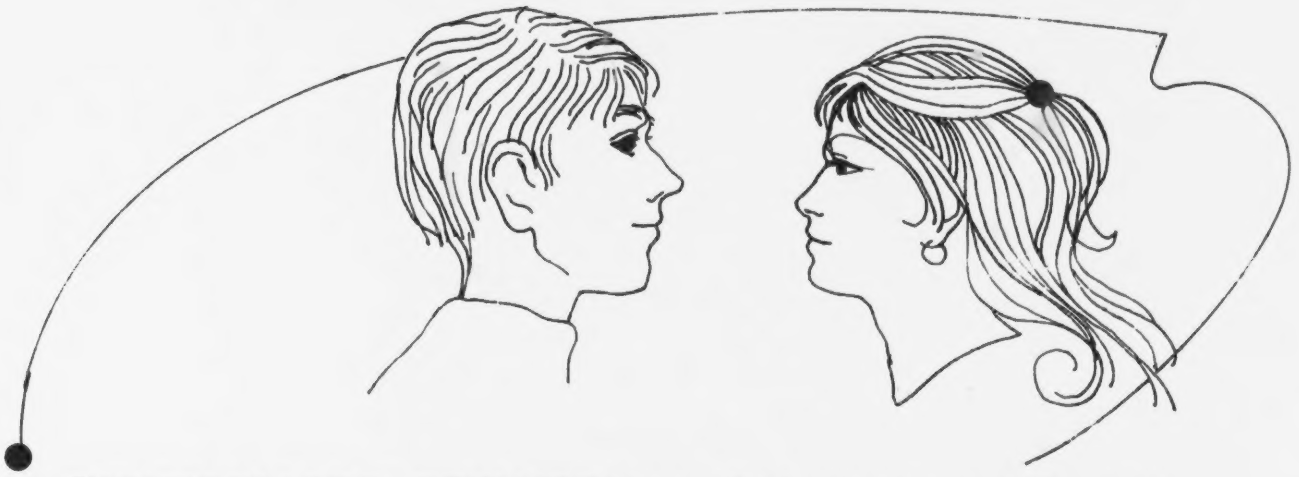
● Take the boys and girls to a men's room in the building and show them the urinal used by males. If standing to urinate is difficult for the child, assure him that it is all right to sit down on a toilet. If boys use a toilet rather than a urinal they should be instructed to raise the toilet seat before urinating. Let the boys know that it is acceptable to pull down their pants if it is easier than opening a fly.

● Teach girls to wipe themselves with toilet tissue from the front to the back. Because of the structure of the young girl, where the urethra is close to the vaginal opening, she is prone to bladder infections. There will be fewer bladder infections in the young girl and fewer vaginal irritations and infections in the older girl when this procedure is used.

- Routines may be worked out individually, can be practiced with dolls or can be dramatized. A model for helping a child develop a routine might be:

  Teacher performs the routine with the child. The teacher verbalizes the instructions as she works with the child.
  The child performs the routine with help.
  The child performs the routine with supervision.
  The child performs the routine alone.

- Vocabulary words might include: urinate, bowel movement, toilet, urinal, penis, vulva, buttocks.



# 3. DIFFERENCES BETWEEN MEN AND WOMEN

**SCOPE**

To develop the understanding that men and women are different physically and that these differences are necessary for reproduction.

**OBJECTIVES**

The child shall sort pictures of naked people of various ages into various ages into groups of males and females.

**SUGGESTIONS FOR THE TEACHER**

The lesson on toilet habits will have created interest in the physical differences between men and women. This lesson on males and females may follow the lesson on toilet habits or it may be included in a unit on the family.

● Divide the class into two groups, according to sex. Ask the children what differences they see between the groups. They will notice that one group consists of boys and the other of girls. Ask them to tell the differences they see between boys and girls. Refer to the way the children look and to pictures that you have collected. Have the children discuss the differences they see, i.e., hair length or clothing.

● Add pictures of males and females dressed in the new clothing fads, i.e., boys with long hair and fancy shirts, women in pant suits (Appendix B). Show pictures of small children in pants or shorts, both front and rear views. "Can we always see, by the way people dress, which are men and which are women? No. What we cannot see when people are clothed tells us who is a man and who is a woman, who is male and who is female."

● What can't we see? Show pictures of unclothed babies, children and adults. (Appendix C). Remind the children of the differences between boys and girls they noticed when they discussed toileting. The boy has a penis and the girl does not. She has a vulva. Boys and girls look different because boys grow up to be men and fathers, and girls grow up to be women and mothers. This maleness or femaleness is called the sex of a person. The sex of a person defines one of the groups to which he belongs.

● Come to class dressed like a man. "Am I a man?"

● Have children tell what their sex is, whether they are male or female. Establish the sex of mothers, fathers, sisters, brothers, aunts, uncles.

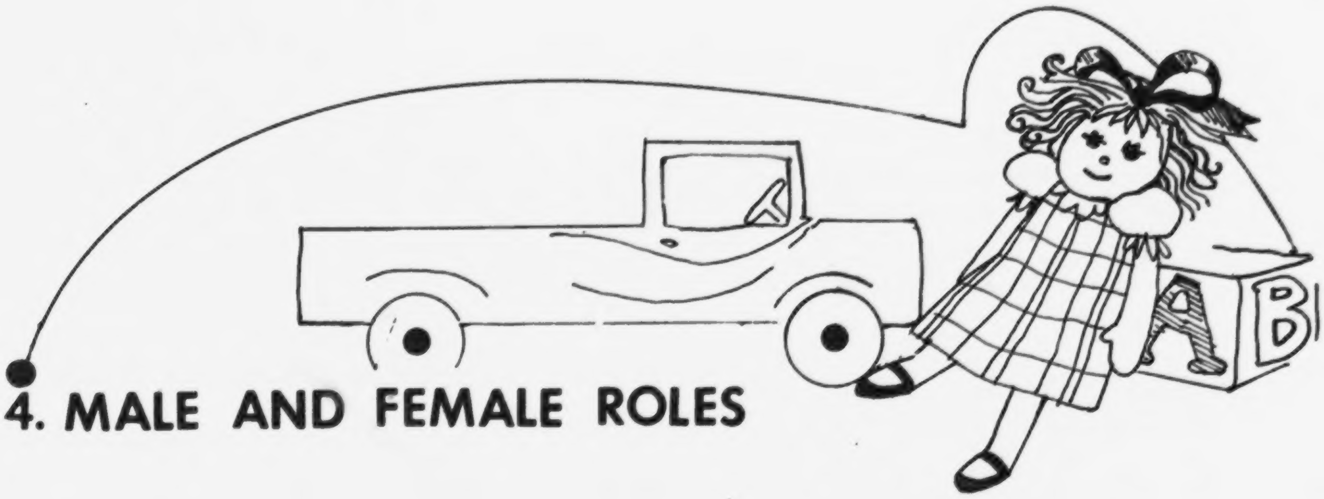
● Collect many pictures of people -- all shapes and sizes. Have the children put the pictures in groups of male and female.

**RESOURCE MATERIALS**

Pictures of people dressed in new clothing fads which make sex hard to tell (Appendix B).

Pictures of unclothed people (Appendix C).

Pictures collected (by the teacher) of small children where the sex is ambiguous.



# 4. MALE AND FEMALE ROLES

**SCOPE**

To help the student accept and appreciate his own sex and to accept and appreciate the differences in the opposite sex.

**OBJECTIVE**

A child, at this age, shall demonstrate his acceptance of his sex by referring to himself appropriately in a variety of situations, i.e., sex separation in games, going to the bathroom, self-reference.

**SUGGESTIONS FOR THE TEACHER**

Since maleness or femaleness is built into a person, one's choice of a job, preference for a sport or way of dress, does not alter his sex. There should be no rigid criteria for what is male and what is female. However, since the mentally retarded child may not pick up his male or female identity incidentally, it is necessary to help him explore his surroundings to see what jobs or roles males and females play in our society.

●Discuss the kinds of jobs their fathers, mothers and uncles hold. Many men will have traditionally muscular jobs which require long hours, outdoor work or a lot of physical strength--construction workers, movers, service station attendants. Many of the women will have housekeeping and child care jobs. They may be waitresses, sales girls or secretaries (Appendix D). There also will be many jobs which can be done and are done by both sexes. Men and women work in food services (chefs, waitresses, or waiters) on assembly lines, or do farming.

●Talk about the duties that mothers and fathers have at home. Mothers usually cook and sew and care for the children. Fathers may wash the car, repair items in the house, sweep the walks or paint the house. Often mothers and fathers cooperate on these tasks. Fathers may work and care for the children. Mothers may do the maintenance work (Appendix E).

●Discuss games that girls and boys like to play. Bring in pictures of people active in sports. Boys usually prefer football and baseball to dolls or cooking, but boys can be good cooks and girls can be outstanding in sports. There is no reason why boys and girls cannot enjoy each other's games and sports, and it does not make them any less male or female if they do.

●Take a trip to a department store which has separate clothing sections for men and women. See what clothes the models are wearing. Notice the merchandise on racks and on counters. Notice the separate restrooms for men and women. On the way to the store they will note male construction crews - male truck, bus and taxi drivers - policemen and firemen. They may see female crossing guards and meter maids. They will see stores that cater to men and have many men working in them -- clothing, barber, sporting goods. They will see clothing, lingerie and beauty shops for women.

- Have the children dramatize traditional male and female roles in the home and on the job.

- Have the children pick pictures of what they like to wear, and notice the different preferences between the boys and the girls.

- Have the children choose jobs they would like to have.

- Show the children a picture (or an item): a woman's stocking and a man's sock, a man's shirt and a woman's blouse, a man's hat and a woman's hat, a lady's watch and a man's watch, etc. Have the children identify the sex to which it belongs.

- Make lists or piles of articles females use, i.e., lipstick, cosmetics, bras, stockings, pocketbooks or high heels. Do the same with male articles, i.e., pipes, ties, vests, suspenders or overalls.

**RESOURCE MATERIALS**

Pictures of men and women in traditional jobs (Appendix D).

Pictures of men and women working together (Appendix E).

Teacher collected pictures of people in sports.

Catalogs and magazines.

Lipstick, cosmetics, bra, stockings, pocketbook, high heels, pipe, tie, vest, suspender, overalls

Picture or item:

| Man's | Woman's |
|---|---|
| sock | blouse |
| shirt | hat |
| hat | watch |
| watch | |

## 5. SELF-CONCEPT

**SCOPE**

To help the student develop a good self-concept.

**OBJECTIVE**

Each child shall behave in a manner which, in the teacher's judgment, demonstrates a generally positive attitude toward himself and others.

**SUGGESTIONS FOR THE TEACHER**

What a child thinks he can do and what a child thinks of himself influences how he performs in the classroom and is therefore of primary importance to the teacher. His personality, the way he acts due to the combination of environmental and hereditary influences, develops in about the same way in children of both normal and retarded intelligence. But the retarded child has special problems and stresses which he encounters. He is slower in developing understanding, slower in acquiring skills and more easily frustrated. He has often been faced with impatience and received fewer rewards for his activities than the normal child. He has probably been compared unfavorably to others of his age and has possibly been over-protected and rejected. His early lack of success further limits his expectations of himself.

The retarded child's need for security and belonging is even more intense than for the normal child, since his security has been shaken by failures with his peers. His need to feel accomplishment is greater because he has felt accomplishment less. By accomplishing a task the personality grows.

If the retarded child is aware of his retardation and feels that he is unworthy because of it, he has a difficult time developing a healthy concept of himself. A good school program restores and builds the child's concept, self-respect, security and feelings of adequacy with consistency, tolerance, special encouragement and positive reinforcement.

Observing the child, keeping an anecdotal record and reviewing it, helps the teacher see the student more clearly, recognize the talents and abilities that can be praised and rewarded and helps her establish the areas in which each child needs special attention and encouragement.

Kirk and Johnson (1951) suggested several practices that affect the social adjustment and behavior of the child.

### *Classroom Practices Affecting Social Adjustment*

Well-planned activities decrease unacceptable behavior.
Self-direction should be encouraged.
Successful programs for children are based on the children's interests and experiences.
Materials of instruction should be selected with care.
Instruction should begin with simple material.
Familiar material aids instruction.
Gradual introduction of new situations avoids misbehavior.
It is advisable to avoid abstract materials and utilize concrete ones.
Variety of methods and materials is recommended.
The routines of the class should be kept simple.
Out-of-class activities should be correlated with classroom activities.
Instruction should be individualized.
It should be recognized that all behavior, adequate or inadequate is caused.
Emphasis should be placed on successful accomplishments.

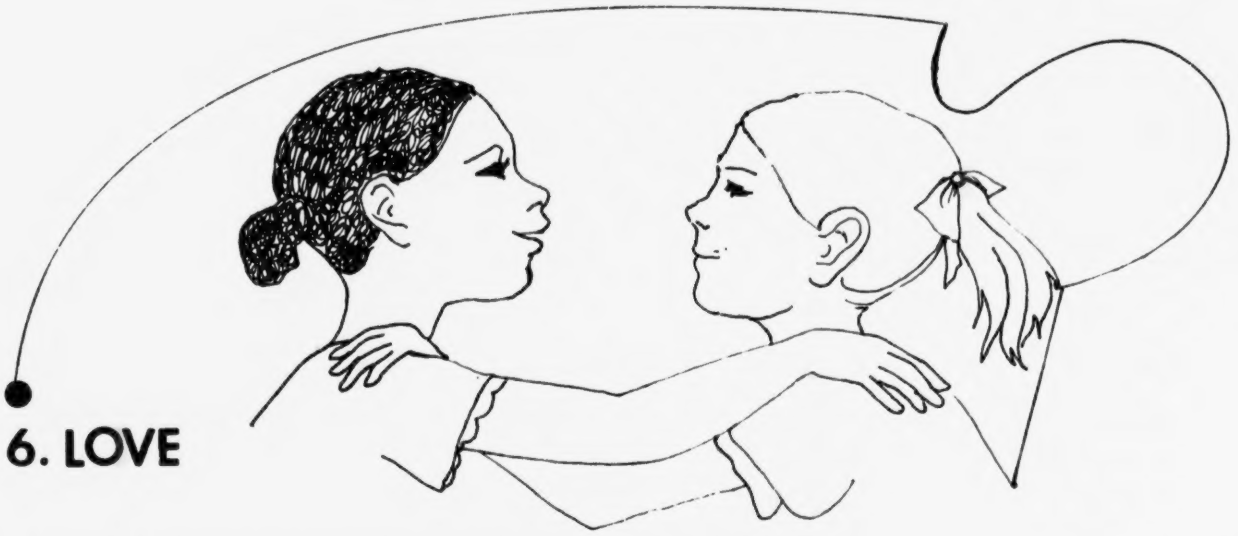
### *Suggestions for the Management of Behavior in Children*

Use positive rather than negative statements.
Use encouraging rather than discouraging statements.
Use specific rather than general statements.
Use pleasant requests rather than scoldings.
Be consistent in requests.
Use substitute suggestions rather than negative commands.
Use unhurried directions rather than hurried commands.
Give the child a choice in activities.
Keep teacher *verbalism* to a minimum.
Use manual guidance to aid verbal suggestion.
Avoid issues with children.
Avoid making threats.
Avoid uncontrolled expression of anger in the presence of children.
Isolate hyperactive children when necessary.
Stimulate shy and withdrawn children.

**RESOURCE MATERIALS**

*Bibliography contains complete listing of reference.*

Kirk, S. A. & Johnson, C. O. *Educating the retarded child,* 1951.



# 6. LOVE

**SCOPE**

To have the pupils begin to develop an understanding of love.

**OBJECTIVE**

Children shall demonstrate feelings of and an understanding toward love as observed by the teacher in thoughtfulness, words, actions and in daily activities.

**SUGGESTIONS FOR THE TEACHER**

If a teacher is going to help children in their understanding of the concept of love it is important that she create an atmosphere, in both her attitude and physical environment, that promotes feelings of comfort, mutual respect, and acceptance and affection for one another. The child who experiences daily exposure to an environment where love and good feelings are an integral part of the activities will learn what he lives.

●Read and discuss *Love is a special way of feeling* (Anglund, J. W., 1960). Have the pupils make suggestions for what love means or is to them. This can be done in experience chart form and then illustrated with pupil drawings.

●The teacher should have the children understand that giving and receiving love is an important motivating force. The way people behave and the things they do are, in many cases, a means of fulfilling this basic need. Discuss with the students things that they themsleves do to make people like them, i.e., try to be friendly, help others, do special favors or give them things. Young children will often try to buy affection or gain love with gifts. The teacher should point out the difference between real love and the temporary superficial kind of love or attention they gain by this means. Along with this, have the students talk about or list the qualities in others that make them lovable.

warmth
friendliness
humor
understanding
kindness
enthusiasm

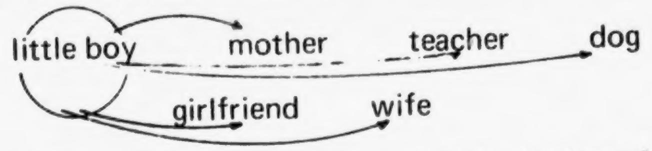
● Have the students, with the help of the teacher or older students, tell or write a brief story about someone or something they love or have loved and why.

●Have the children discuss what love is. The aim should be to bring out that love is many different things to different people. What being lovable is to one person might not be lovable to another and there are benefits to this, i.e., mate selection, friend selection, or choice of pets.

●It is important for children to know that there are various kinds of love. Have the pupils cut out pictures from magazines depicting all types of love.

parent for a child
child and pet
child for relatives (grandparents)
child for a parent
husband-wife
peer friendships
person for object (toy)

- Discuss with the students the possibility of feelings of love changing with time. Some loves are permanent while others are only temporary.



- Children will often be concerned with division of affection. Help them to understand that people don't run out of love like they do money or food and that feelings of love become no less strong or meaningful when they are shared among many things or many people. This can be related to the child's life through a discussion of best friends, attitudes toward siblings, parental or teacher favoritism.

- Have the students see this by making lists of all the things or people they love. Ask them if they have room to love something else. Give them something concrete which they will love to show there is always more room.

  classroom party
  extra playground time
  new pet for classroom
  special treat

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

Books to read to and look at with children:

Anglund, J. W. *Love is a special way of feeling,* 1960.

Ayer, J. *A wish for little sister,* 1960.

Buckley, H. *Grandfather and I,* 1959.

__________. *Grandmother and I,* 1961.

Carton, L. *Daddies,* 1963.

Lindman, M. *Snipp, Snapp, Snurr and the red shoes,* 1932.

Minarik, E. *Little bear,* 1957.

__________. *Little bear's visit,* 1961.

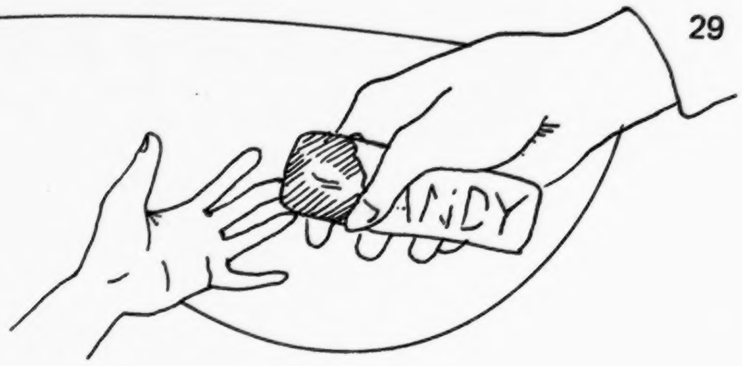
Myrick, M. *The secret three,* 1963.

Reyher, B. *My mother is the most beautiful woman in the world,* 1945.

Udry, J. *Let's be enemies,* 1961.

______. *Mean mouse and other stories,* 1962.

Zolotow, C. *Mr. Rabbit and the lovely present,* 1962.



# 7. SEXUAL ENCOUNTERS

**SCOPE**

To be aware of the manner in which a sexual encounter between an adult and child may occur.

**OBJECTIVE**

The student shall be able to avoid unwanted sexual encounters.

**SUGGESTIONS FOR THE TEACHER**

The next four lessons use the first two volumes of the Lyons and Carnahan (1967) Health Series and is recommended for use with primary level educable mentally retarded students. Pictures from *All about you* and *You and others* have been reproduced at the end of the appropriate lesson for your convenience. Their use of puppets for illustration adds novelty and if duplicated in the classroom, can be used by the children to dramatize the subject matter. The series concentrates upon feelings, attitudes and good mental health and presents these areas in a manner which promotes classroom discussion and stimulates the child's thinking by asking questions.

For retarded youngsters, often extremely gregarious and an easy prey to the return of friendliness and kindness, the threat of being victims of abuse or perversion is present. In the event of the sexual abuse of a child by someone of the same or of the opposite sex, any scarring that occurs is more likely to be a result of various adult reactions to the event--the guilt feelings and sexual fears adult reaction invokes, than from the event itself. The chance of lasting damage to the child is minimized when the adults concerned maintain their perspective. The best method to prevent psychological scarring of a child who has been sexually abused, is an open and accepting atmosphere which allows the child to speak frankly and without shame about his experiences.

In covering this subject with her children, a teacher may be aware that some child in the class may have had a sexual encounter with an adult and may wish to consider whether or not reference to the subject of encounters would be upsetting to the child.

It can be mentioned, when covering this topic, that "we may kiss people we know very well and we shake hands with people who are introduced to us and we know slightly." "People who care for you, like your mother, father, sister, or doctor may handle the genital area when washing, bathing or examining you, but it is not necessary for anyone else to touch these parts."

Although most of the material written about sexual contacts between adults and children deal with strangers, "The majority of sex crimes against children that involve more than exhibitionism are committed, not by strangers, but by persons who are known to the child and/or family and who live and work in the immediate environment." (SIECUS, 1970)

Since many of the sexual encounters between children and adults occur with those known to the child as well as with strangers and since everyone is at one time a stranger, it is not desirable to burden the child with the idea that strangers are monsters and out to do him unnamed harm. It is a good idea to talk to the children about acceptable ways in which strangers become friends.

In *All about you,* pages 46 - 47, puppets are used to illustrate strangers meeting children on the street, offering them a ride in a car and offering a child candy. The second picture shows the adults who should be told about the encounter - policeman, teacher or mother.

The facial expressions on the pictured adult figures seem harsh. If this concerns the children, explain that puppet faces can't change their expressions. However, these harsh expressions may motivate the children to indicate a fear of an adult reaction to the child who reports such an incident and can be used to discuss these fears.

*Activities*

- Discuss the pictures on the first page. Ask how the boys, Corky and Jim in the series, are trying to help Linda.
- What could the strangers have been saying to the children? "Will you come with me and show me the way to the grocery store?" "Would you like to come to my house and see my puppy?" "Your mother said to bring you home." "I'll give you some candy if you'll come with me."
- Have two children dramatize a stranger's attempt to induce a child to go with him.
- Identify the people in the picture on the next page: policeman, teacher, mother. Who else could the children tell of someone's attempt to have them go away with them, i.e., relative or neighbor.
- Plan a walk in the neighborhood. Have the children recognize that policemen and school crossing guards can help them with a problem on the way home from school. Show the children the block mother's symbol and explain that the people in the house with that symbol can help them, too. One or two of the block mothers can be contacted in advance and introduced to the children.

**RESOURCE MATERIAL**

*(Bibliography contains complete listing of references)*

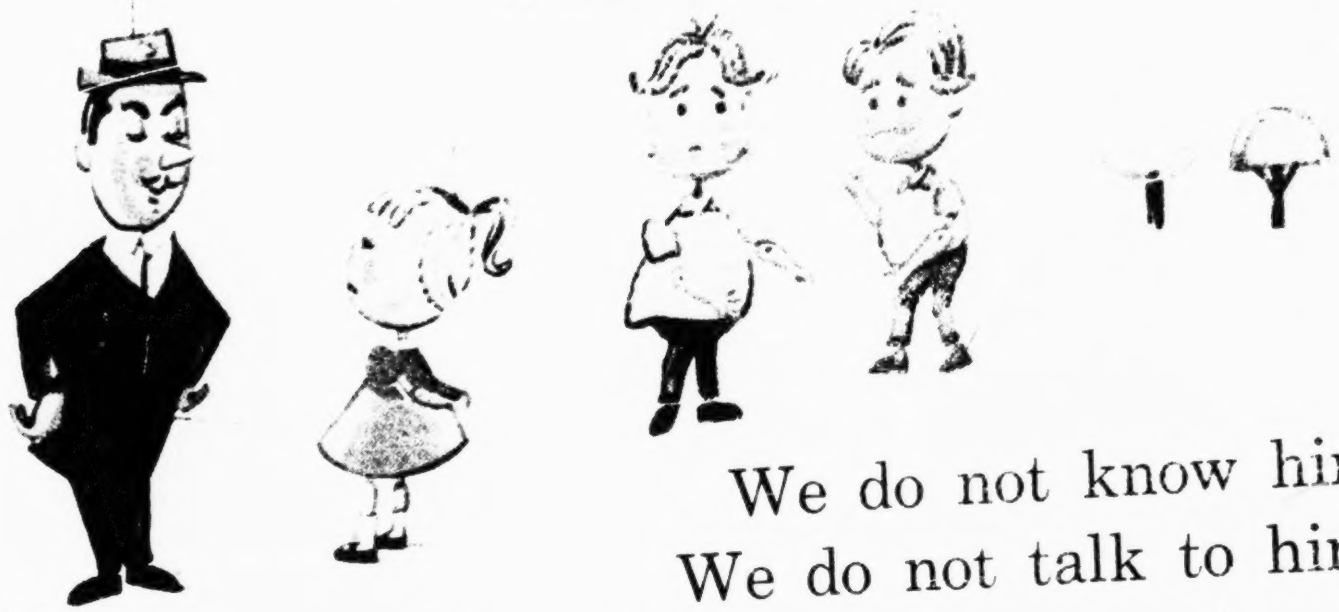
Gagnon, J. H. & Simon, W. *Siecus study guide, No. 11,* 1970.

Lyons and Carnahan *Book I, All about you,* 1967. PP. 46-47.

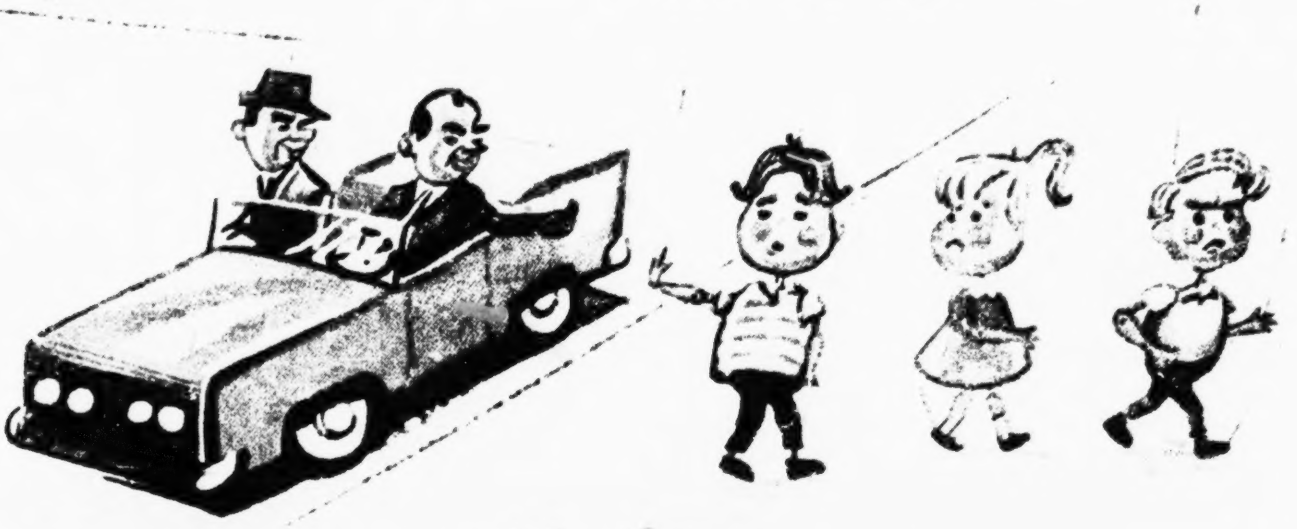
Other resources:

Block mother's symbol

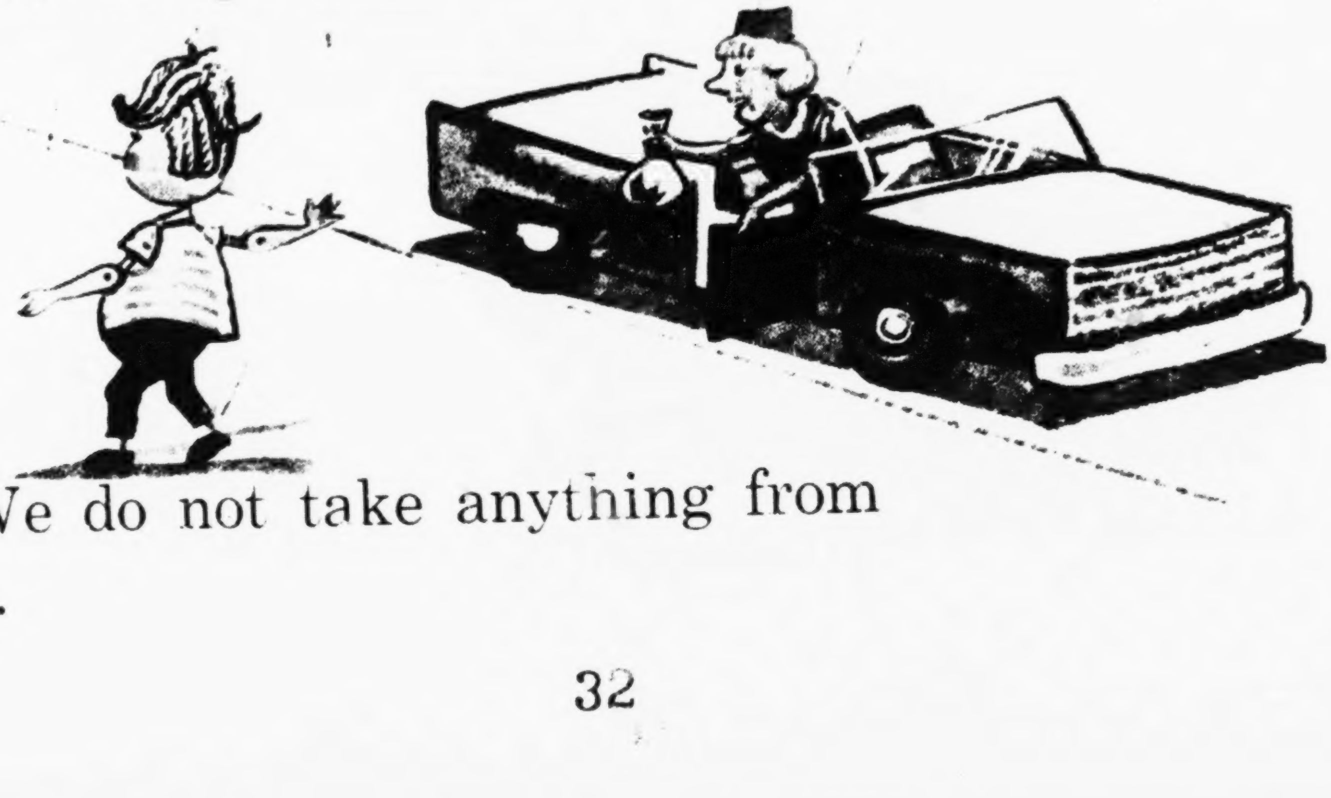
## What to do



We do not know him.
We do not talk to him.

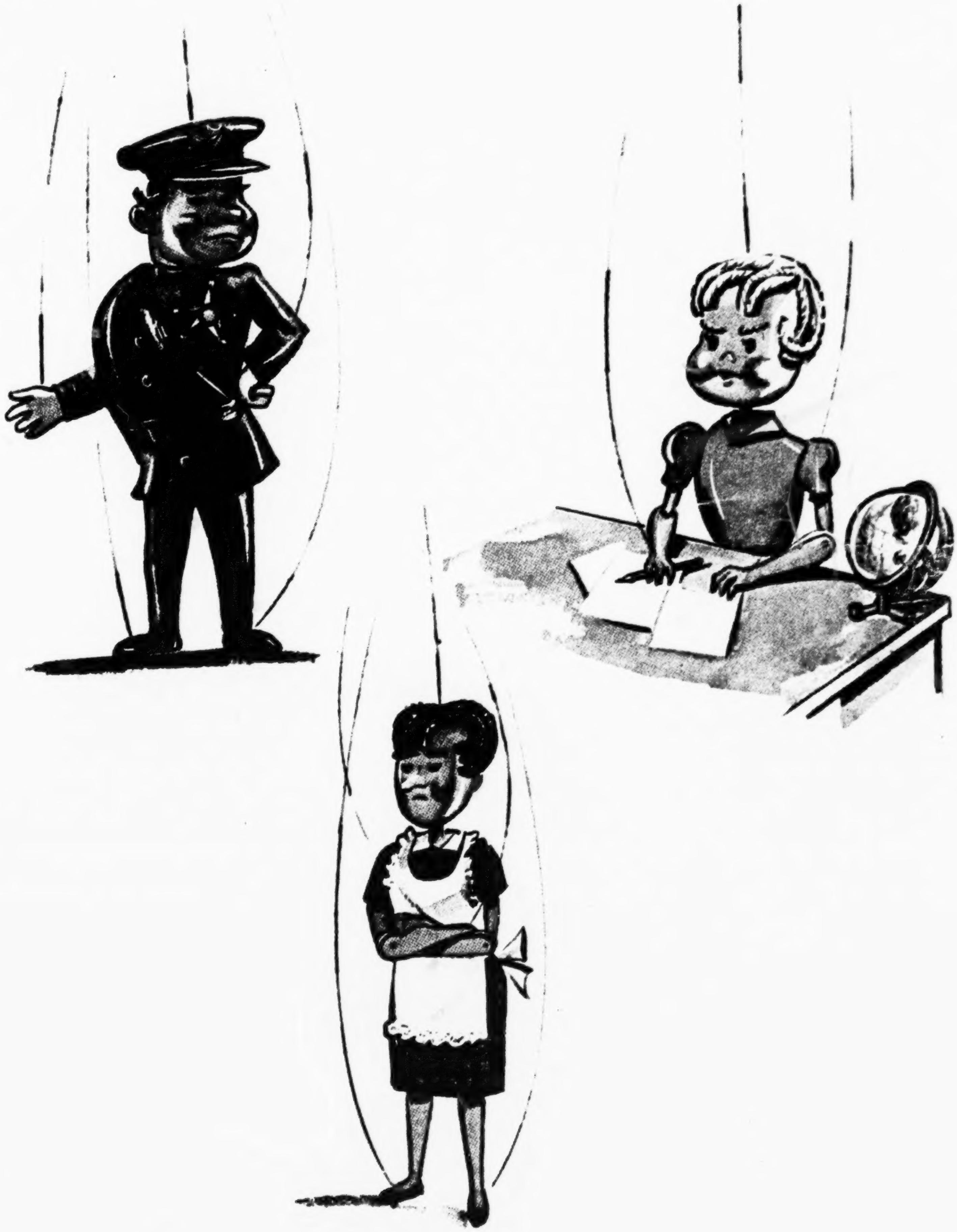


We do not go with them.



We do not take anything from her.

We tell



# 8. GROWTH

### SCOPE

To illustrate that growth in living things is the result of many factors.

To show that a child's growth is part of the process in becoming an adult.

### OBJECTIVES

1. To list from among the objects presented in class those things which are alive and which grow.
2. To verbalize that an increase in size in living things is an indication of growth.
3. To verbally list at least two appropriate ways that a person shows growth physically, mentally, and in caring for himself and/or others.
4. To enumerate two ways in which work, play, rest, exercise, love and care help people to grow.
5. To enumerate things that help people grow.

### SUGGESTIONS FOR THE TEACHER

Lyons and Carnahan (1967), *All about you*, pp. 72-84, is the reference for this lesson. These pages have been reproduced at the end of this lesson.

1. *To list from among the objects presented in class those things which are alive and which grow.*

- Display many new objects, living and non-living, to catch the student's attention, i.e., artificial flowers and plants, realistic models of animals, dolls who talk, "grow" hair and cry, a new plant, gold fish or pet animals, box of dirt, or pile of blocks. Have the children look around the room and classify the objects as living or non-living. Help them to state that things that are alive grow.
- Have the children discuss and classify the first two pages of "How We Grow" pp. 72 & 73 in *All about you,* reproduced at the end of this lesson.
- During the next several days have the children observe an artificial plant and two live plants. Water one live plant and put it in the sun. Put the other live plant and the artificial plant in a closet. Have the children notice the effects of care or lack of care on the three plants. Relate their observations on an experience chart.

> We have three plants, two living and one artificial or non-living.
> We give care, light and water to one plant.
> We put the other two plants in the closet.
> Five days later: The plant we cared for is growing and healthy.
> The living plant in the closet is drooping and dry.
> The non-living plant did not change.

- Make the pile of blocks and dirt "grow." Add blocks to a stack; add dirt to a pile. They get bigger. "Does this mean they are alive? No, things that are alive grow from within. Non-living things grow or get bigger if something is done to them, i.e., building a house, making a snowball, or placing dirt on a pile."

- Make a set of twenty cards with pictures of living and non-living things (Appendix F). A child can put the cards into piles of living or non-living things or two children may play a card game that you demonstrate, i.e.,

  Two children take five cards apiece, putting the remaining cards face down between them. One asks the other, "Do you have a picture of something alive?" The other child gives him the card if he has it. The first child then discards a non-living picture card to a second pile. If the second child does not have a picture of something alive, the first child draws a card from the pile between them, discarding it to the second pile if it is not alive or retaining it and discarding another in his hand, if it is alive. (Keep only five cards at one time.) The second child repeats the same procedures, but tries to accummulate pictures of non-living things.

2. *To verbalize that an increase in size in living things is an indication of growth.*

- Have the children bring in pictures of themselves when they were younger, also clothes and shoes they wore the year before. You collect data on their heights and weights last year or have them bring in their birth, height and weight.

- Have the children look in a mirror and think about whether or not they look the same as last year. Look at and discuss the pictures they have brought in. What changes do they see?

- Have them model last year's clothes. Are they too tight and too short?

- Look at and discuss the pages beginning "How Do you Grow," *All about you*, pp. 74-75. How have they grown? Taller and heavier?

- Start a growth booklet for each child. On the first page have the children draw a picture of "Growth in Height and Weight." A ruler and tape measure may be used as symbols on the picture.

- Have each child keep a growth chart and check off the growth appropriate to the discussion of that day's lesson.

### GROWTH CHART - WAYS I GREW

| **Mental Ability** | **Physical Ability** | **Physical Size** | **Helping Myself and Others** |
|---|---|---|---|
| I know how to eat food and not crayons or dirt. | I can sit by myself | I grew taller | I dress myself |
| I know not to run into the street | I can walk | I grew heavier | I put my dirty clothes in a hamper |
| I fight with words, not hands | I can run | | I tie my shoes |
| I print my name | I can skip | | I hang up my coat |
| I know the alphabet | I can throw a ball | | |
| | I can catch a ball | | |

3. *To verbally list appropriate ways that a person shows growth physically, mentally, and in caring for himself and/ or others.*

- Discuss the next page showing the development of the girl , p. 76, *All about you.* What can Linda do now that she could not do when she was a baby? Discuss the students' siblings.

- Have one of the children bring a young sibling to class and observe what he or she can and cannot do.

- Have the children add a picture of growth in physical ability to their booklets and appropriate checks to their charts.

- Discuss page 77, *All about you* -- growth in thinking and doing. Have the children add a picture of their growing in mental ability to their booklet and appropriate checks to their chart.

- Keep examples of their work from the beginning of the term. Show them how their work has progressed.

4. *To enumerate ways in which work, play, rest, exercise, love and care help people to grow.*

- Discuss page 78, *All about you*--ways they have learned to help themselves and others.

- Role-playing situations: Have the children role-play situations, making believe that they are a baby or a two-year-old and then role-play the situation acting their own age.

  Being alone and hungry.
  Falling and hurting yourself.
  Being outdoors in a storm.
  Being in a burning house.
  Being in a street with a car coming.

- Discuss how babies cannot take care of any of the preceding situations, but that older children know to run to a curb for safety, where food is kept, to go inside when it rains.

- Add picture to booklet and checks to chart.

5. *To enumerate things that help people grow.*

- Discuss pages 79-84, *All about you*-- things that help people grow, i.e., food, work, play, exercise, rest, love and care.

- Discuss how Jim feels about being able to help (p. 84).

- Add pictures to booklet and checks to chart.

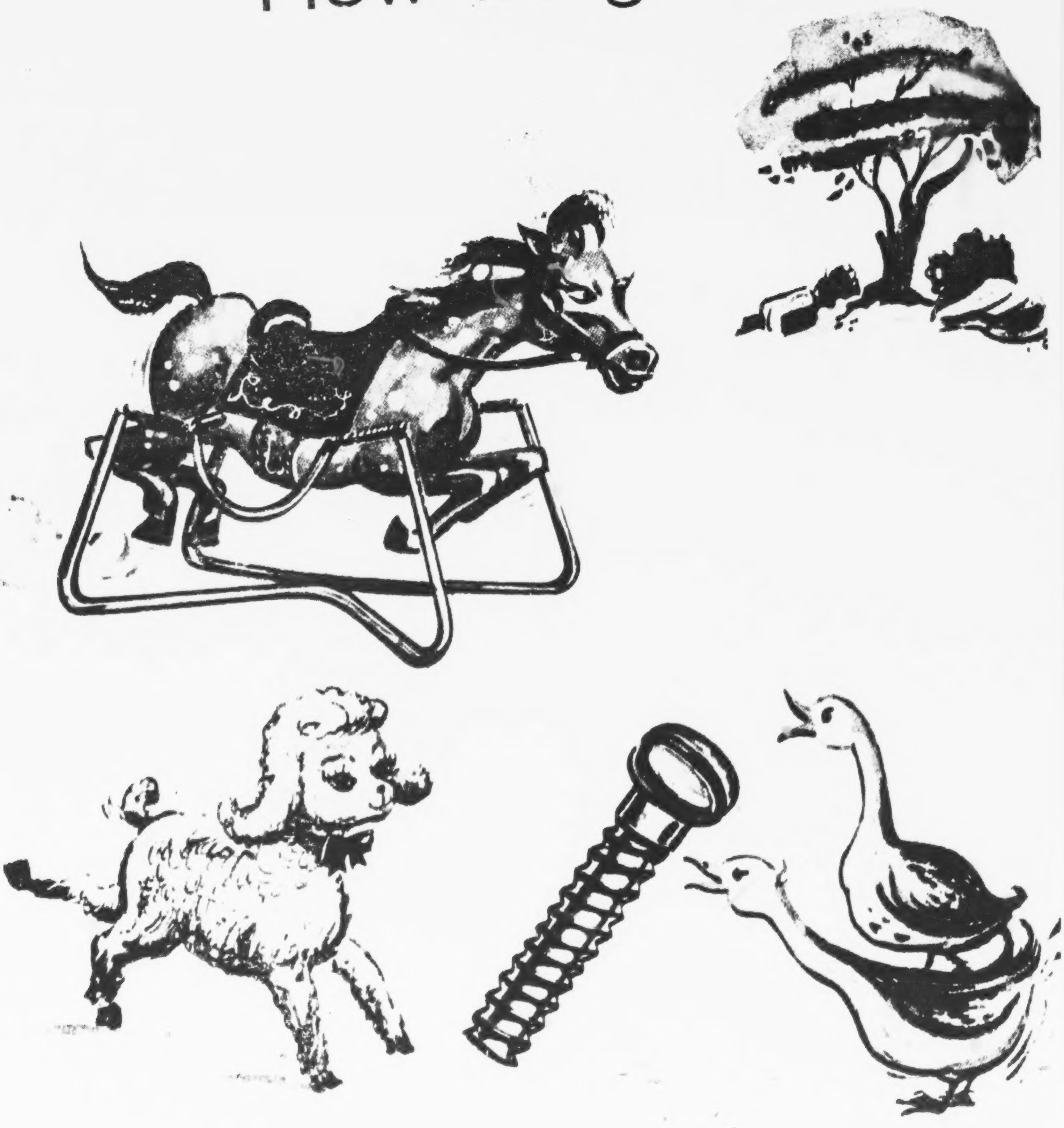
- Make a list with the children of all the things a new baby can do in each area. It should become obvious that older people can do more and have grown more in all ways.

Lyons & Carnahan *All about you,* 1967, pp. 72-84.

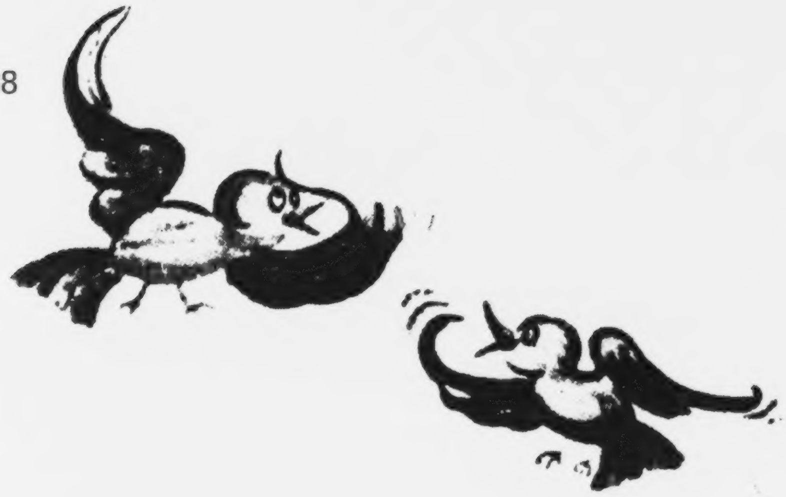
Other resources:

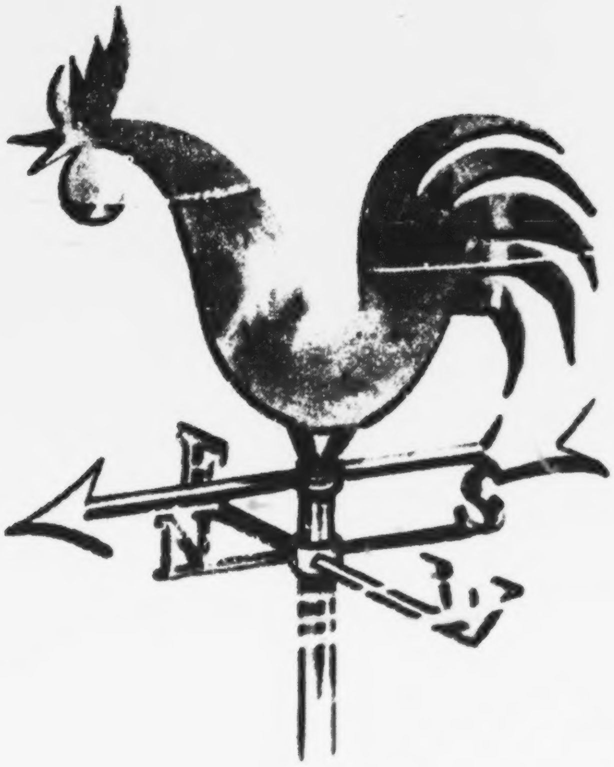
- Artificial flowers, plants
- Realistic models of animals
- Dolls who talk, cry, "grow" hair
- New live plants
- Goldfish
- Small pets
- Box of dirt
- Pile of blocks
- Card game of living and non-living things (Appendix F).
- Guidelines for use of animals in classroom (Appendix G).
- Collected data on child's last year's height and weight or birth, height and weight.
- Children collected pictures, clothing and shoes from when they were younger.
- Mirror
- A sibling
- Examples of children's work from early in the year.

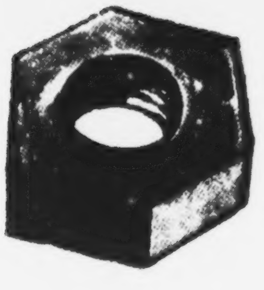
# How we grow

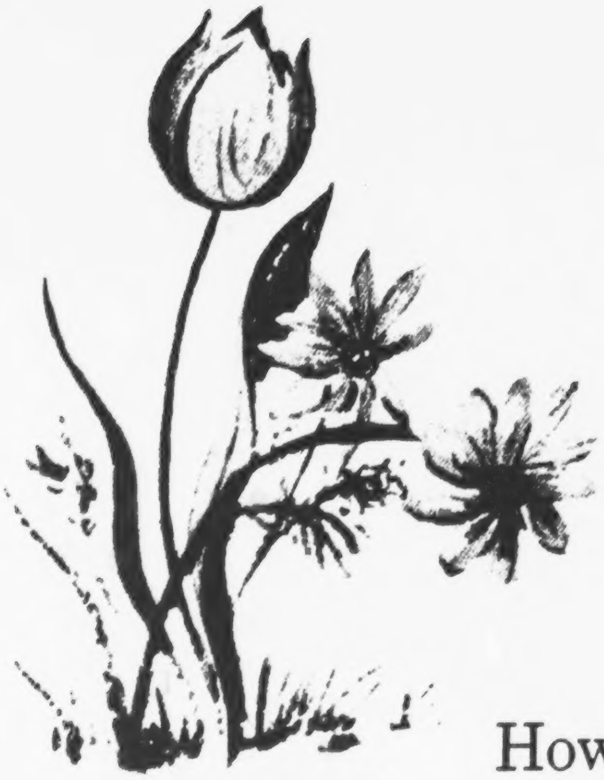


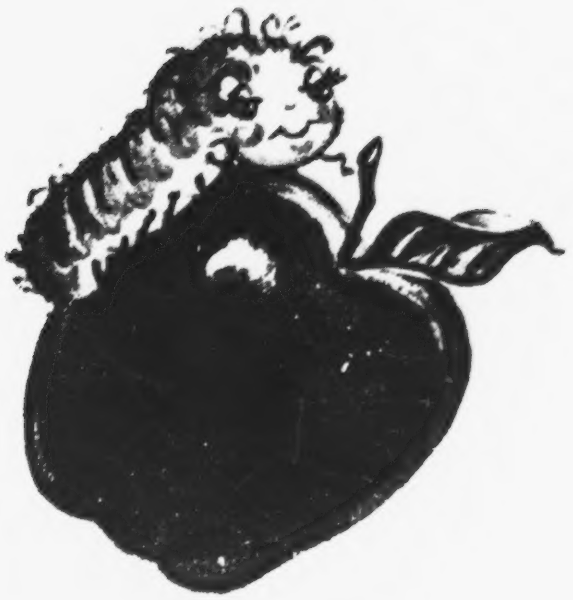
What grows?
Can all things grow?





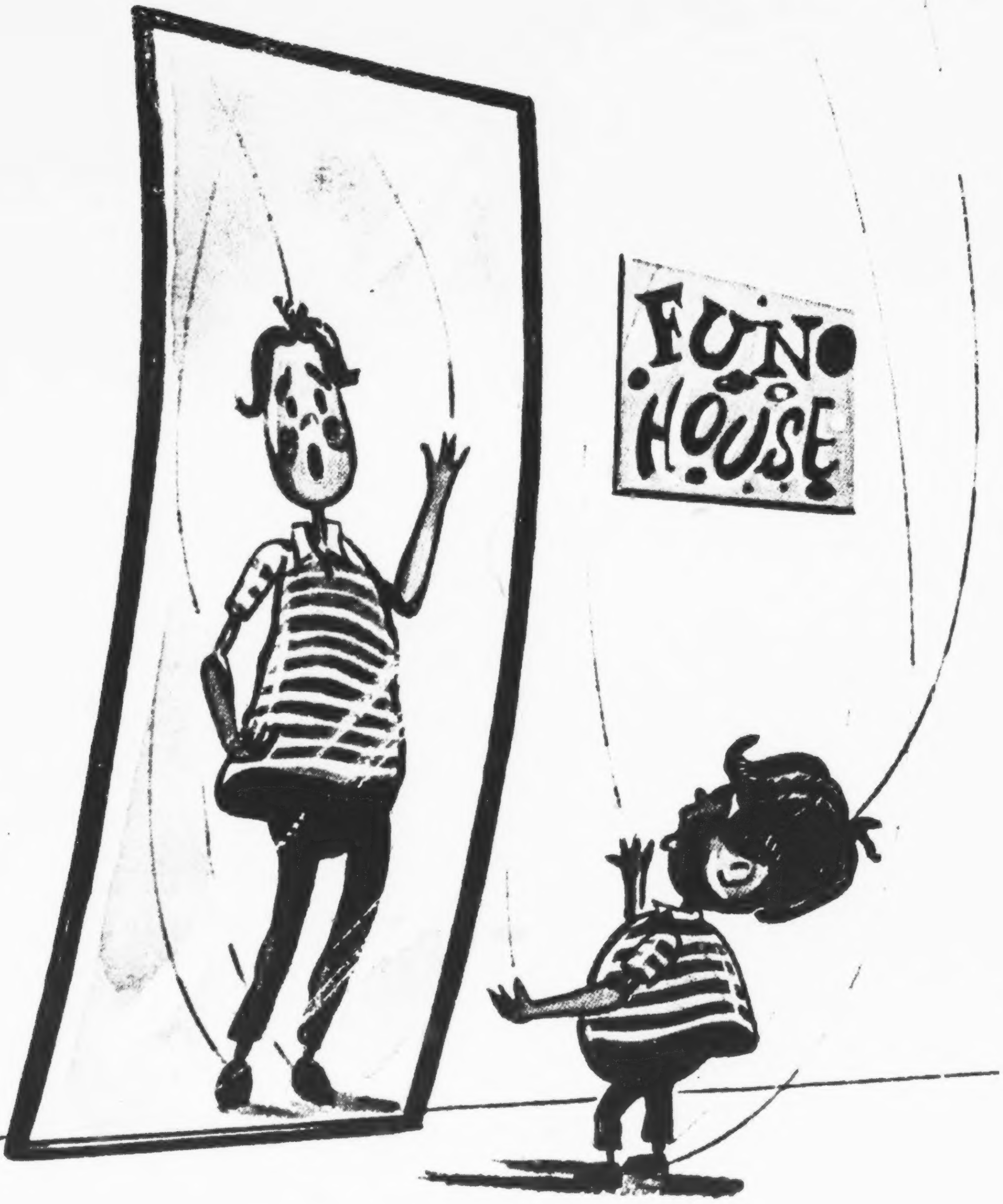






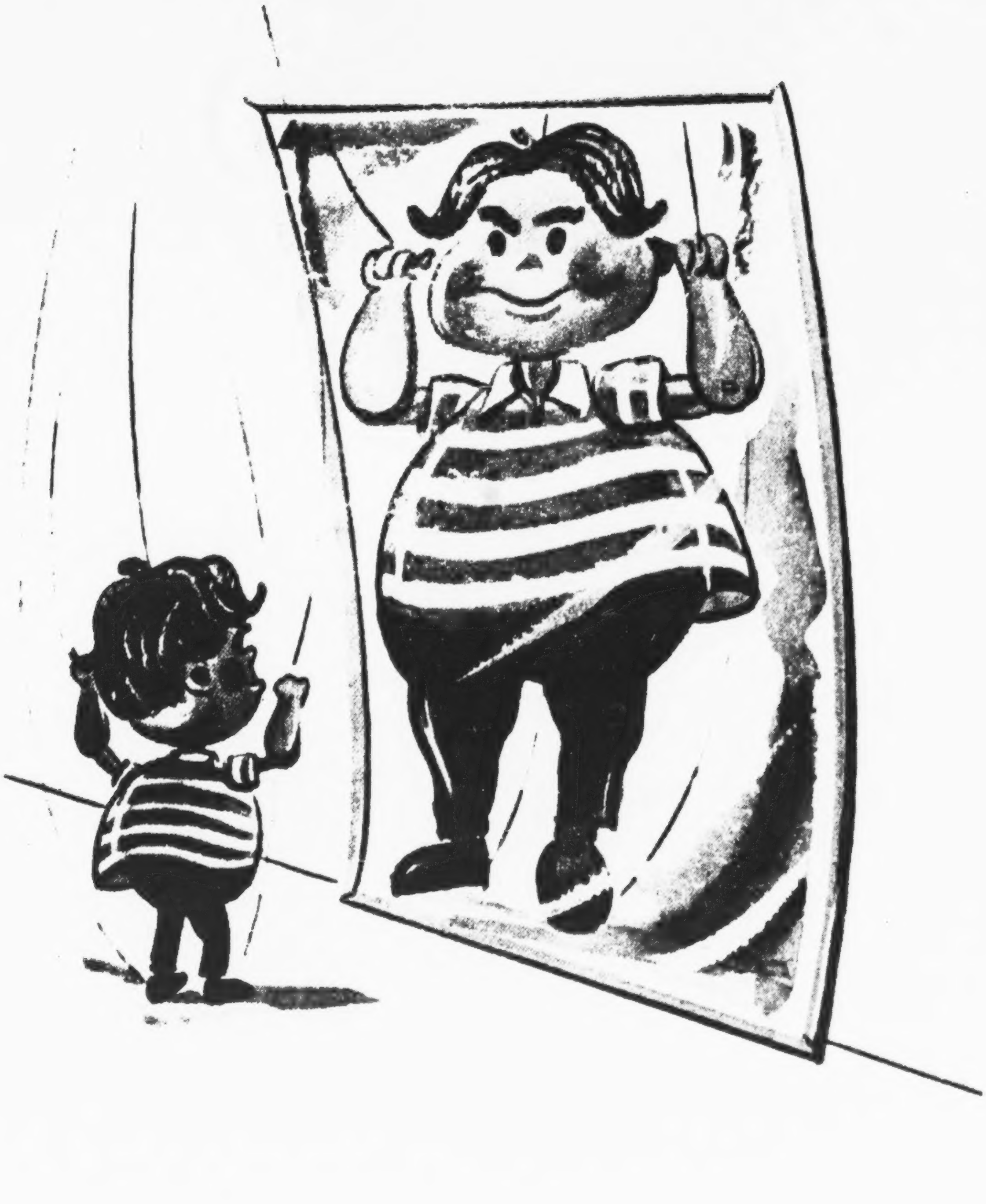
How do you know what grows?

How do you grow?



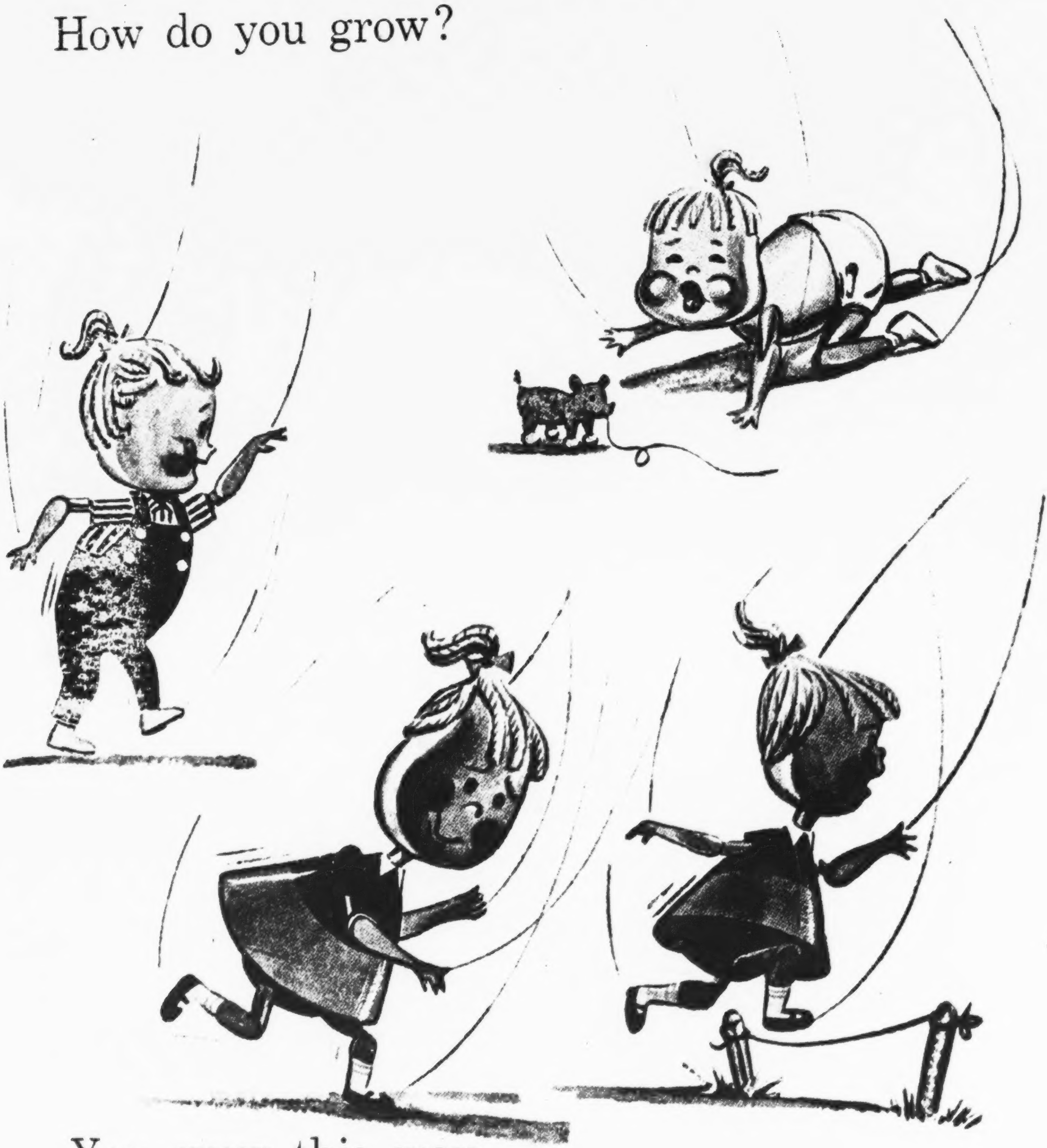
You grow taller.

How do you grow?



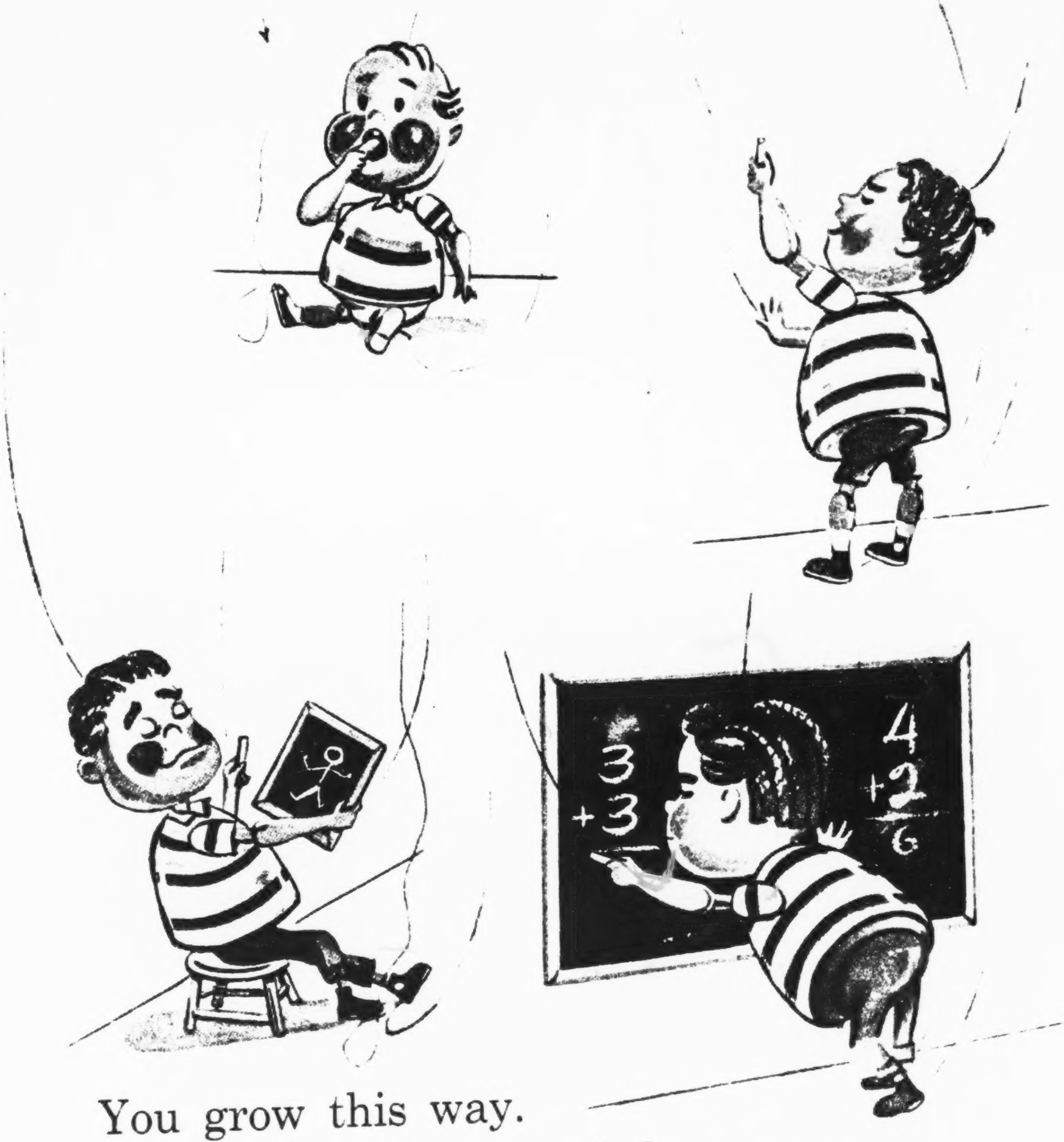
You grow this way.

How do you grow?



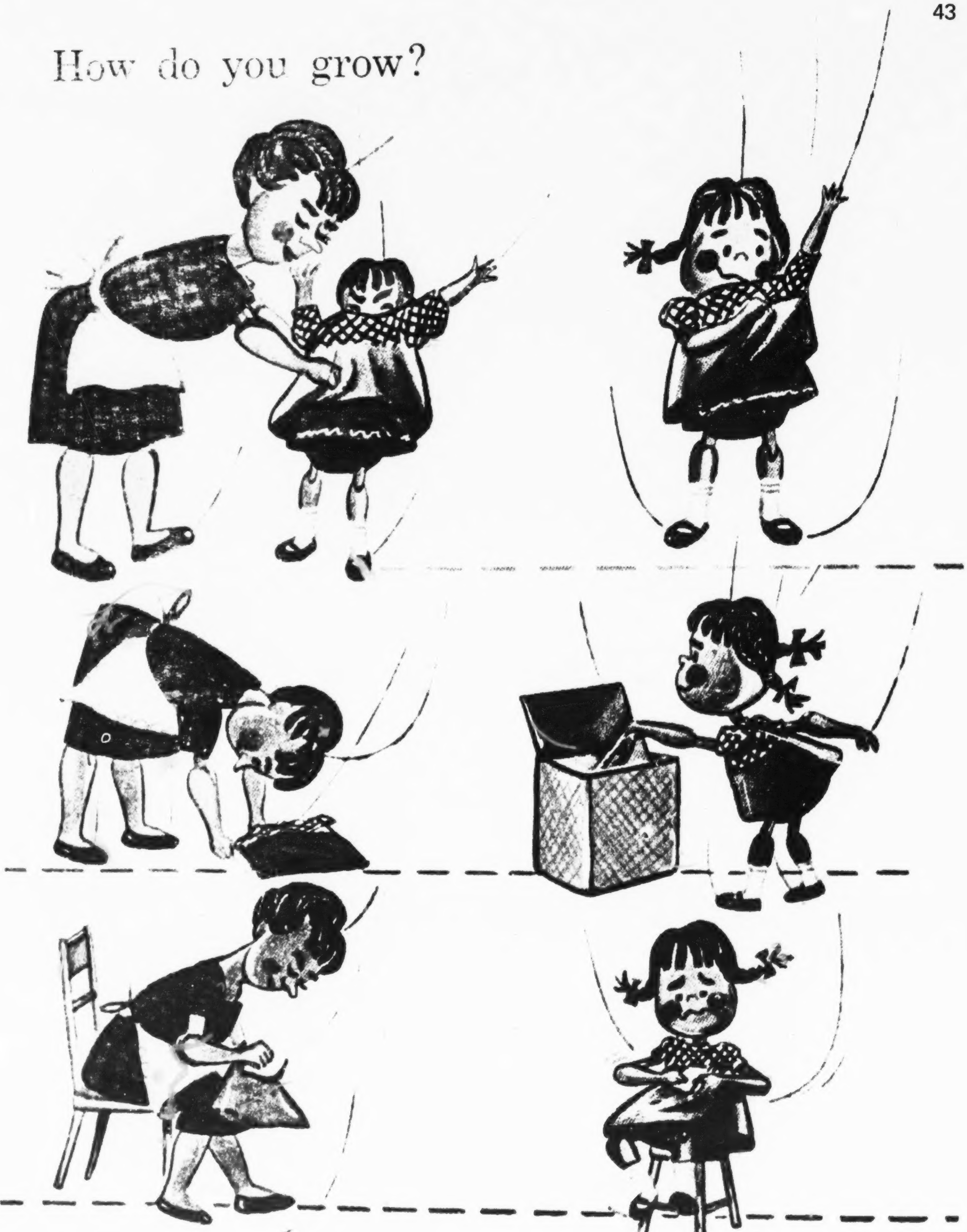
You grow this way.
You learn to crawl.
Then you learn to walk, run, and jump.

How do you grow?



You grow this way.
You learn to think and do things.

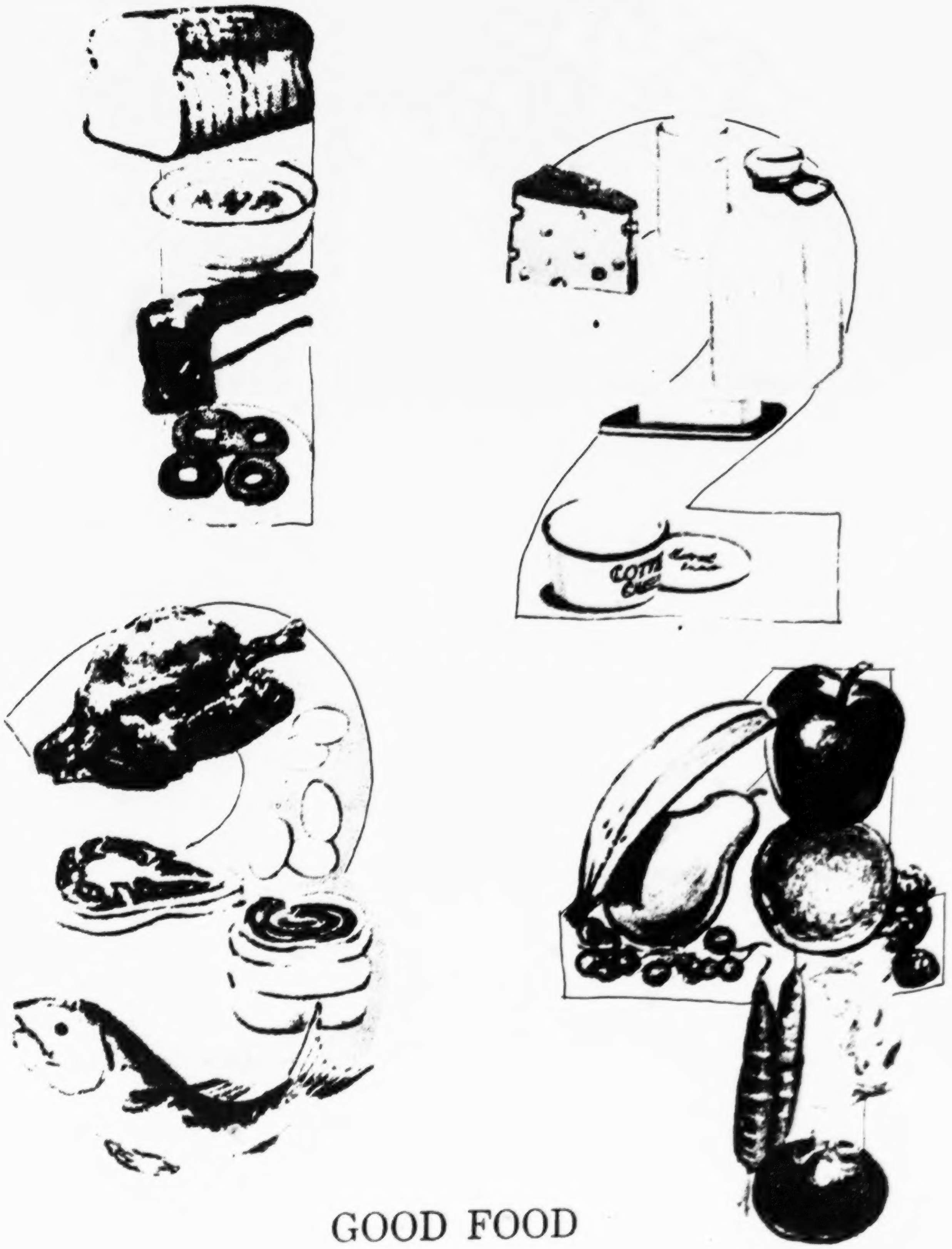
How do you grow?



You grow by helping yourself.

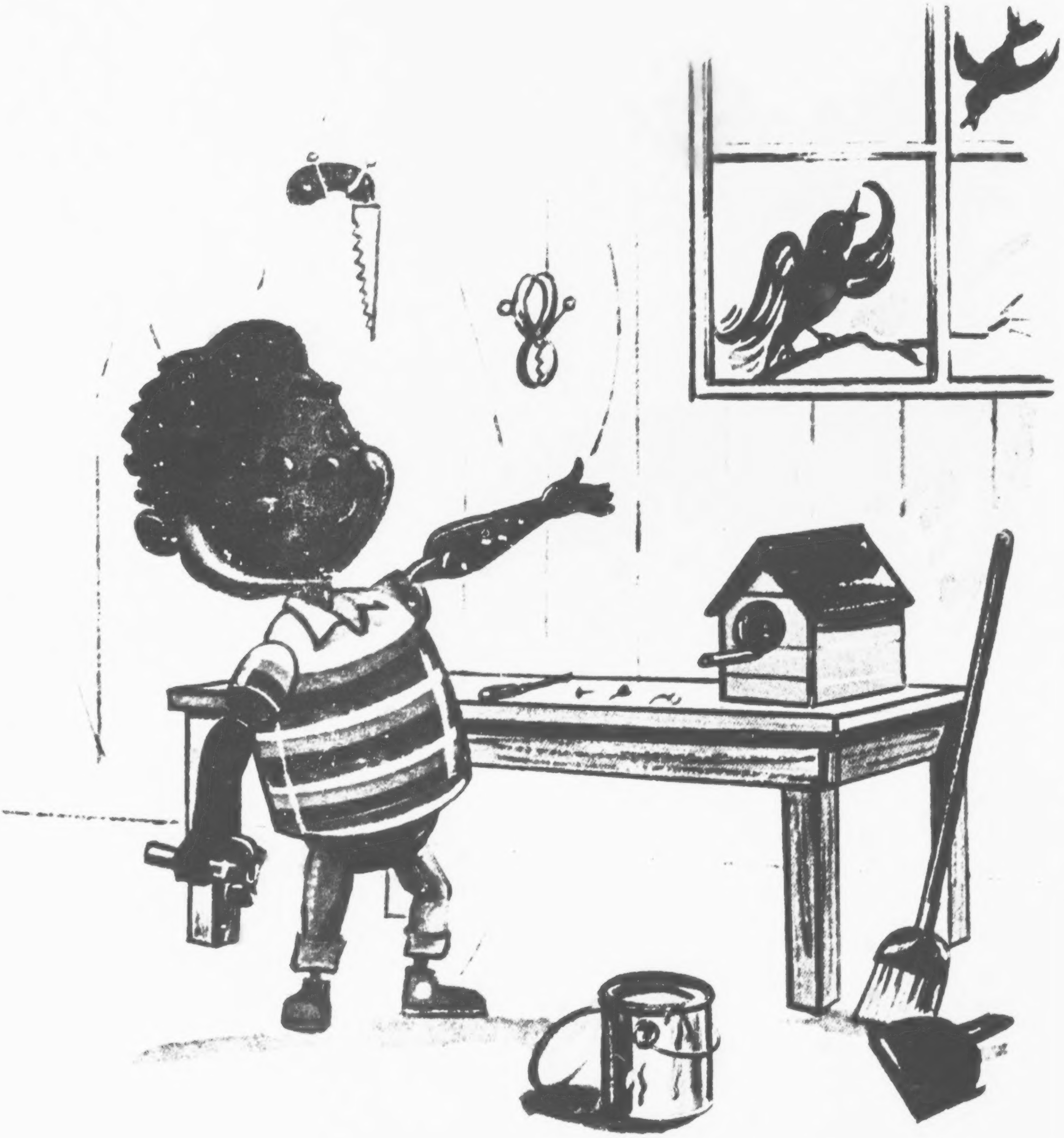
## To help you grow

What helps you grow?



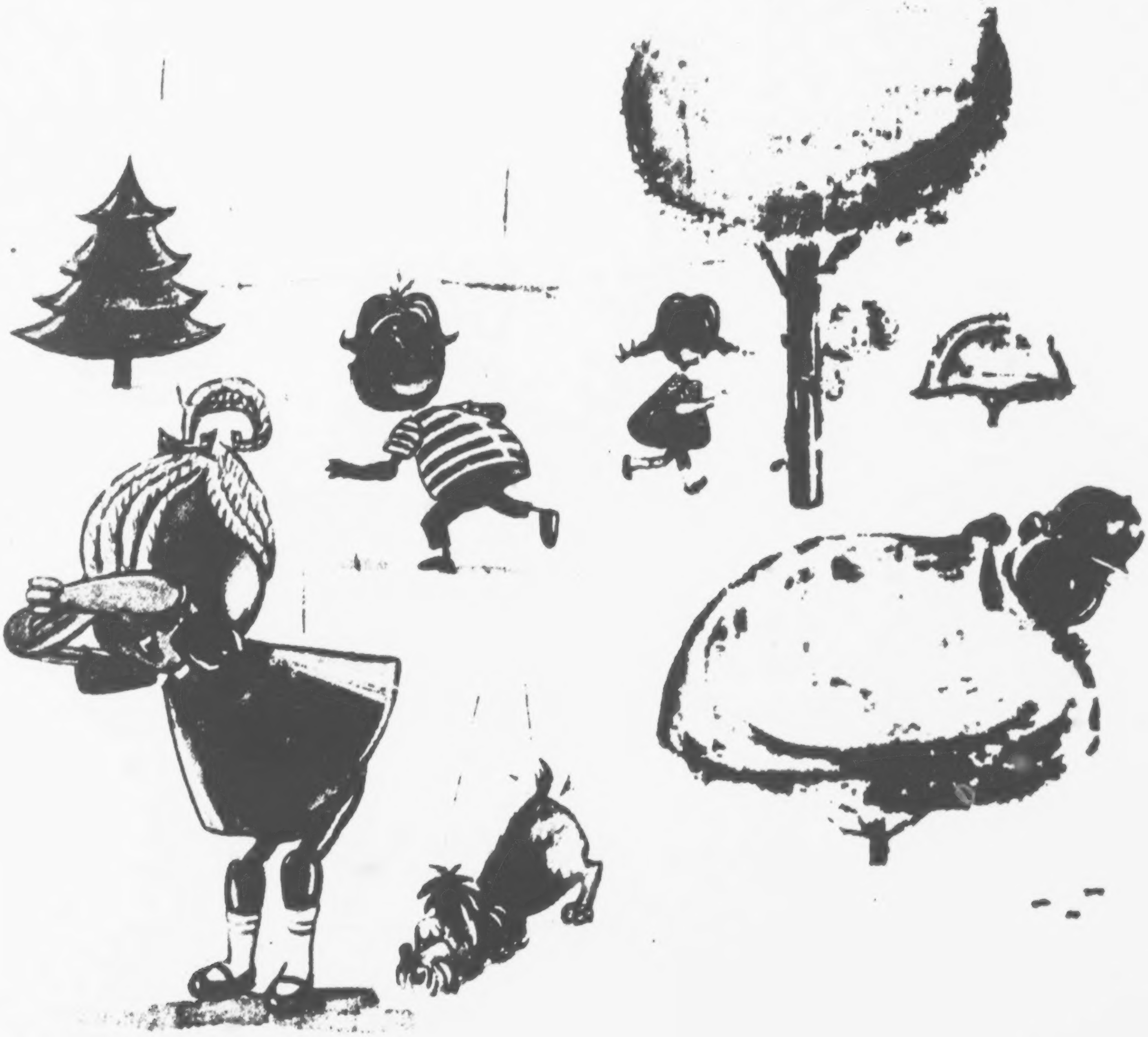
GOOD FOOD

What helps you grow?



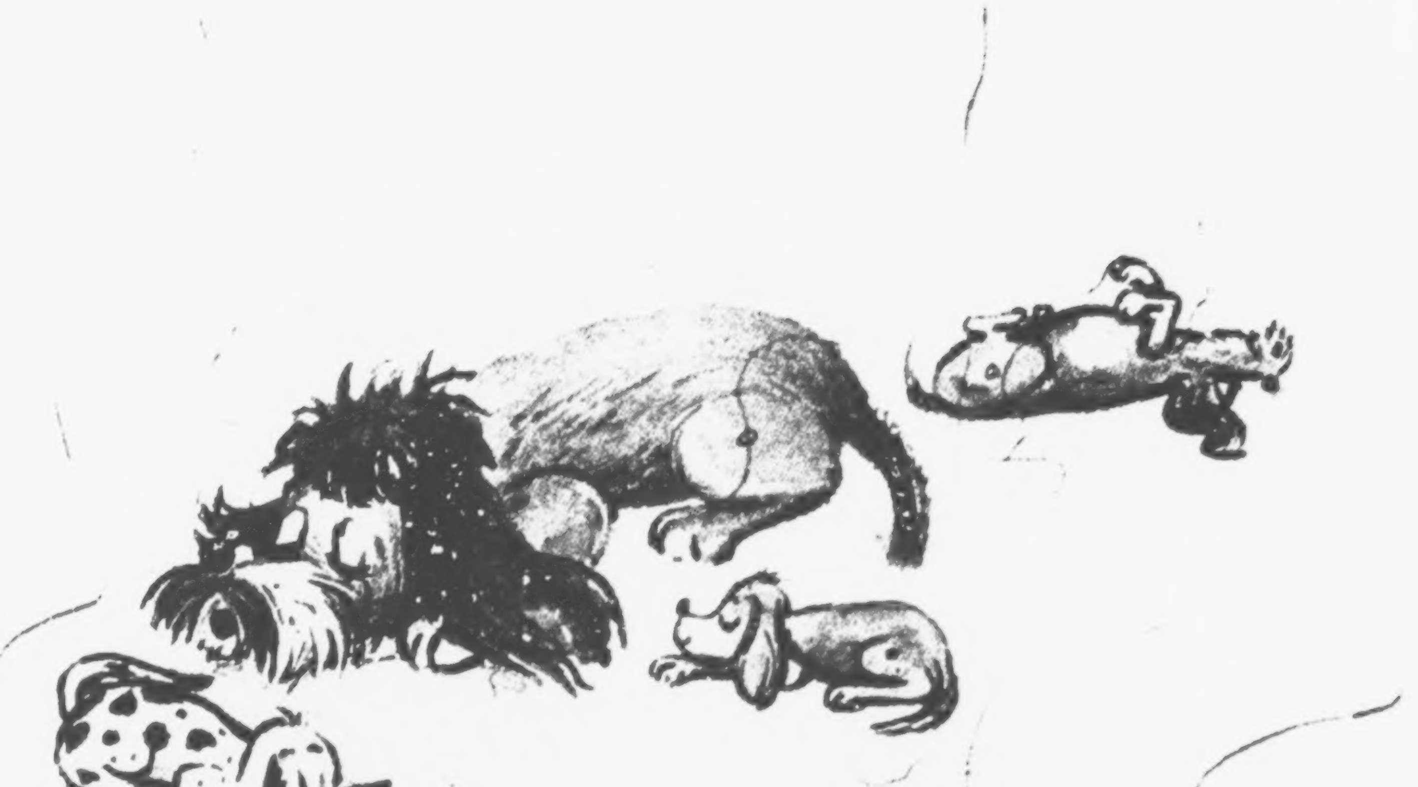
WORK

What helps you grow?



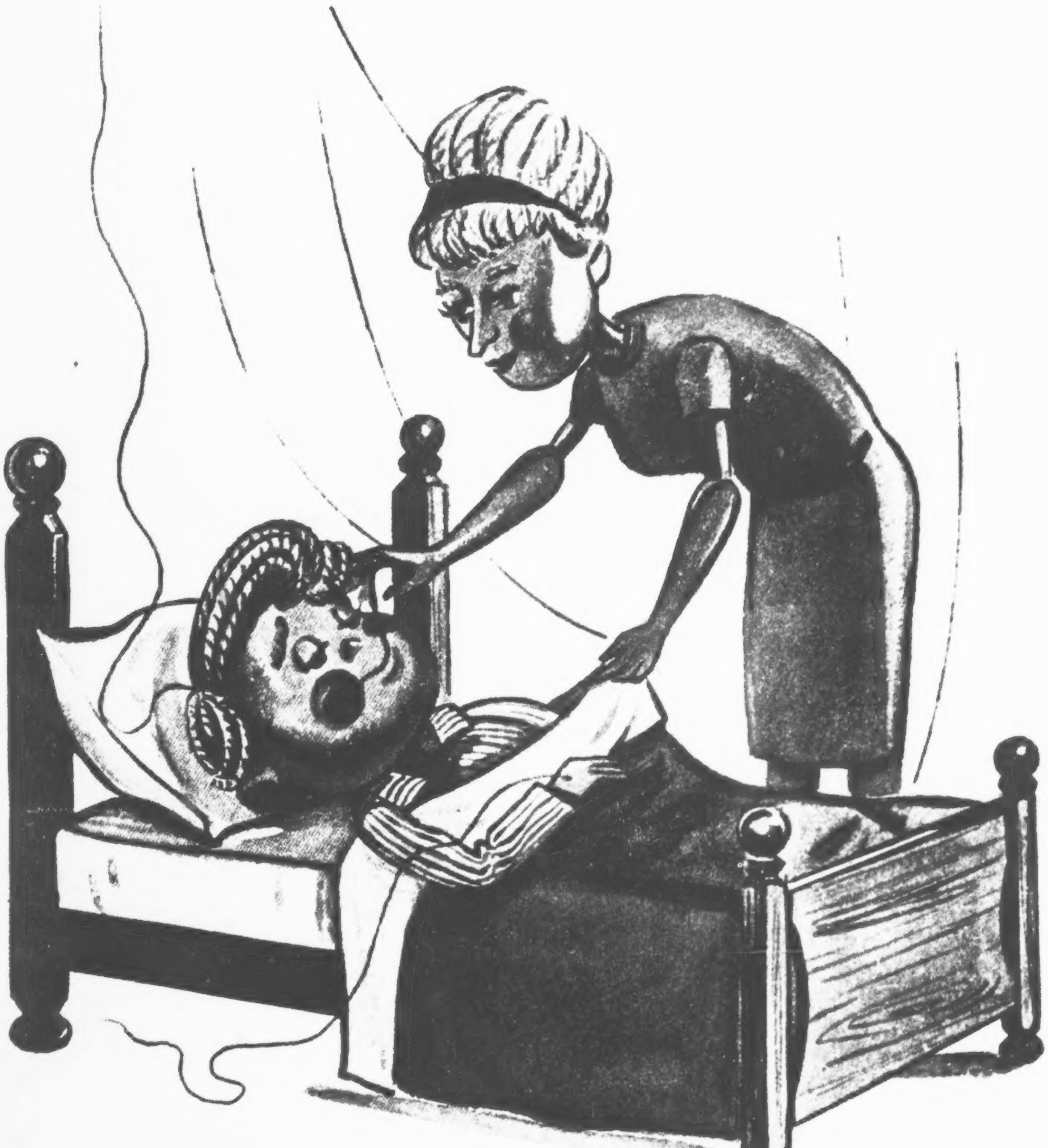
PLAY

What helps you grow?



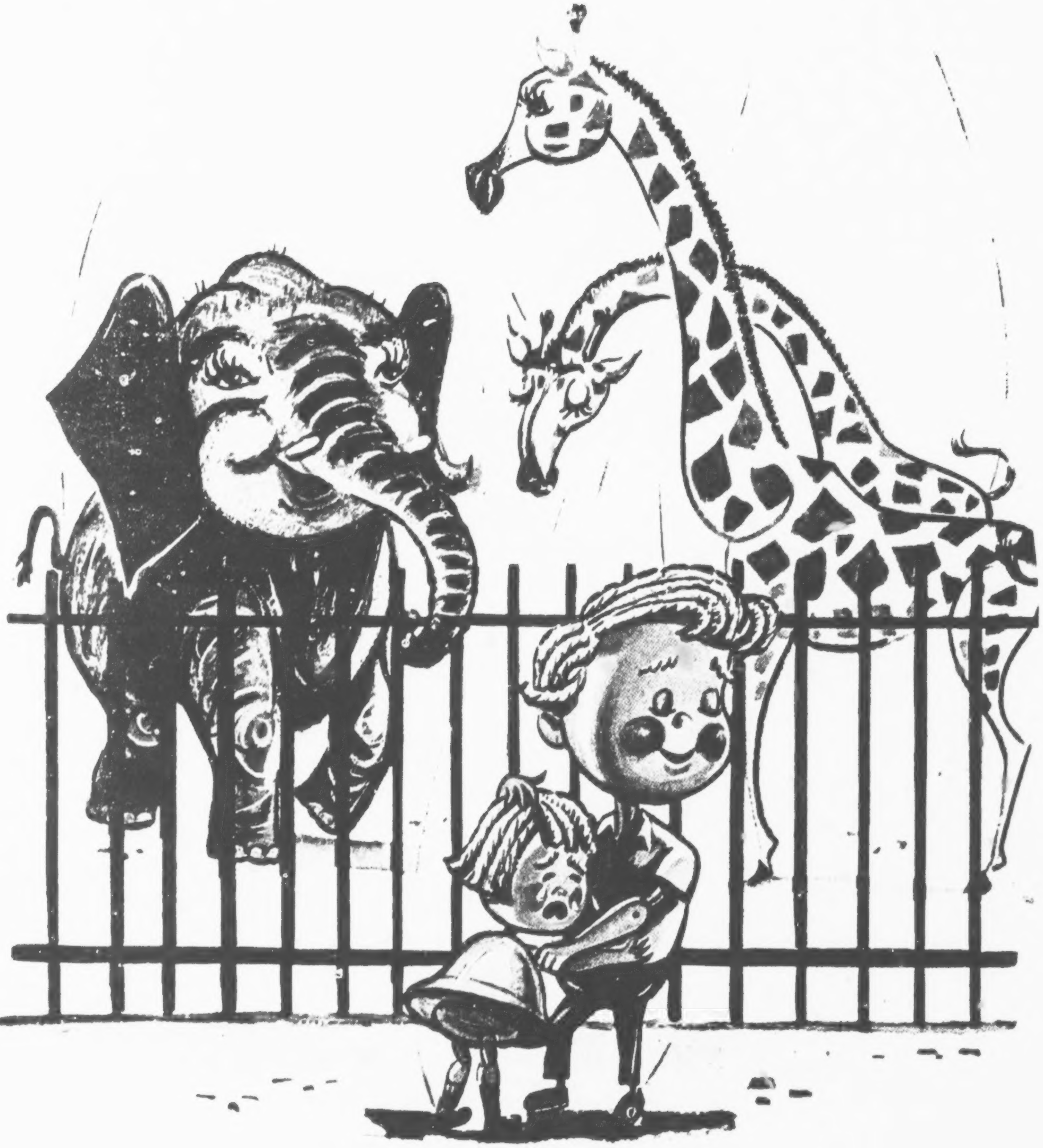
REST AND SLEEP

What helps you grow?

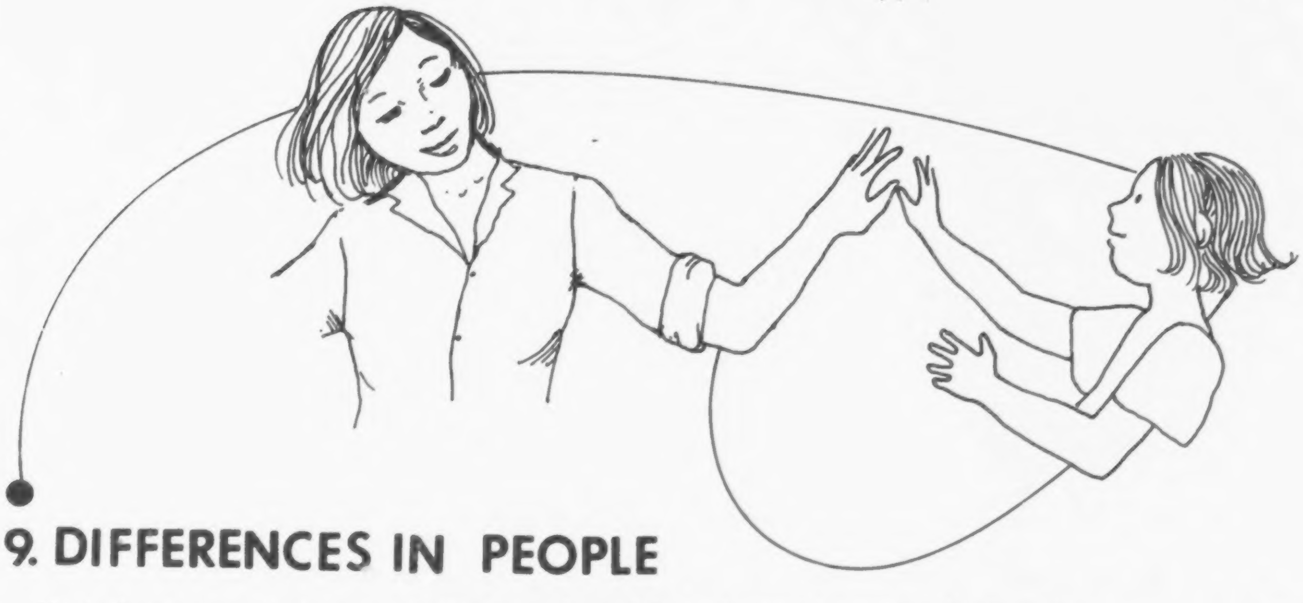


LOVE AND CARE

What helps you grow?



CARING FOR OTHERS



# 9. DIFFERENCES IN PEOPLE

**SCOPE**

To help the pupils to accept the fact that although people are basically alike they are also individually different--and that these differences are natural and good.

**OBJECTIVE**

To state verbally at least five ways that people are alike and five ways that people are different.

**SUGGESTIONS FOR THE TEACHER**

*All about you,* pp. 85-90, is used as reference and reproduced at the end of the lesson.

● Tell the children that you would like a picture on the board of a person, and that you would like them to tell you what parts of the body to draw. Since the main idea is to show that people are basically the same, use a stick figure showing that everyone has a body, a head, two arms, two legs and hair on his head,

or

● Draw a simple figure but put wings in place of arms. Ask the students if there is something wrong. Do people have wings? People have arms, birds have wings.

The pictures from *All about you* illustrate some likenesses as well as many differences in looks, abilities, and preferences. (Page numbers below refer to *All about you.*)

*Page 87- We are alike*

People are the same in that they like to eat ice cream, want to be loved and liked.

*Page 88*

● Discuss how the children feel. How would they feel if they were lost? If no one wanted to play with them? Most children have these same feelings.

● Compose two charts.

| *Things Children Like* | *Things Children Do Not Like* |
|---|---|
| Eating ice cream | Being lost |
| Riding a bicycle | Being hurt |
| Playing in the water | Being hit |

● Have the children cut pictures out of magazines and catalogs to illustrate the likes and dislikes of people.

*Page 85 - We are different*

- Discuss and compare the physical differences between the children on the page.
- Encourage the children to inspect themselves in a full-length mirror you have provided. Discuss the physical features they see, i.e., coloring, length of hair.
- Have two volunteers stand while the class makes a comparison of the differences in their height, hair, skin and eye coloring, and in clothing worn.
- Discuss the possible results of everyone's looking alike. How would you recognize your mother? father? friend? How would they recognize you? If you looked like your sister, your mother might give you two desserts and your sister none.
- Have the students collect magazine pictures of people. Note how they all are different. Post them on a bulletin board. The title could be: People Come in Different Sizes and Shapes.

*Page 86*

- On this page discuss how people are different in abililities. Kathy dances better than Kate. Kate plays the game better than Kathy.
- Have the students fold a paper in half. On one side have them draw something they do well. On the other side have them draw something they do not do well.

*Page 89*

- Read and discuss the likenesses and differences in this picture.

*Page 90 - Something to do*

- Using the pictures on this page as a guide tell:

  how you and your best friend are alike.
  how you and your best friend are different.
  how you and your brother and/or sister are alike

**ADDITIONAL SUGGESTIONS**

- Write to the parents and get a picture of each student, his food likes and dislikes. Display these pictures and likes and dislikes on a bulletin board entitled *Guess Who?* Refer to Appendix H for bulletin board ideas.
- Have two children at a time stand in the reflected light of a projector and have the rest of the class indicate the variations they see. Trace each child's silhouette and display it in the room.

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

Lyons & Carnahan *All about you,* 1967, pp. 85-90.

Neisser, E. G. *Rearing children of good will,* n. d.

Books to read to and look at with children:

Bannon, L. *The other side of the world,* 1960.

Beim, J. *Swimming hole,* 1951.

Beim, L. *Two is a team,* 1945.

Carter, K. *Willie Waddle,* 1959.

Doss, H. *Friends around the world,* 1959.

Duvoisin, R. *Our Veronica goes to Petunia's farm,* 1962.

Ericsson, M. K. *About glasses for Gladys,* 1962.

Lobel, A. *The great blueness & other predicaments,* 1968.

Ness, E. *Exactly alike,* 1964.

Steiner, C. *A friend is* Amie, 1956.

Other Resources

Catalogs and magazines

Mirror

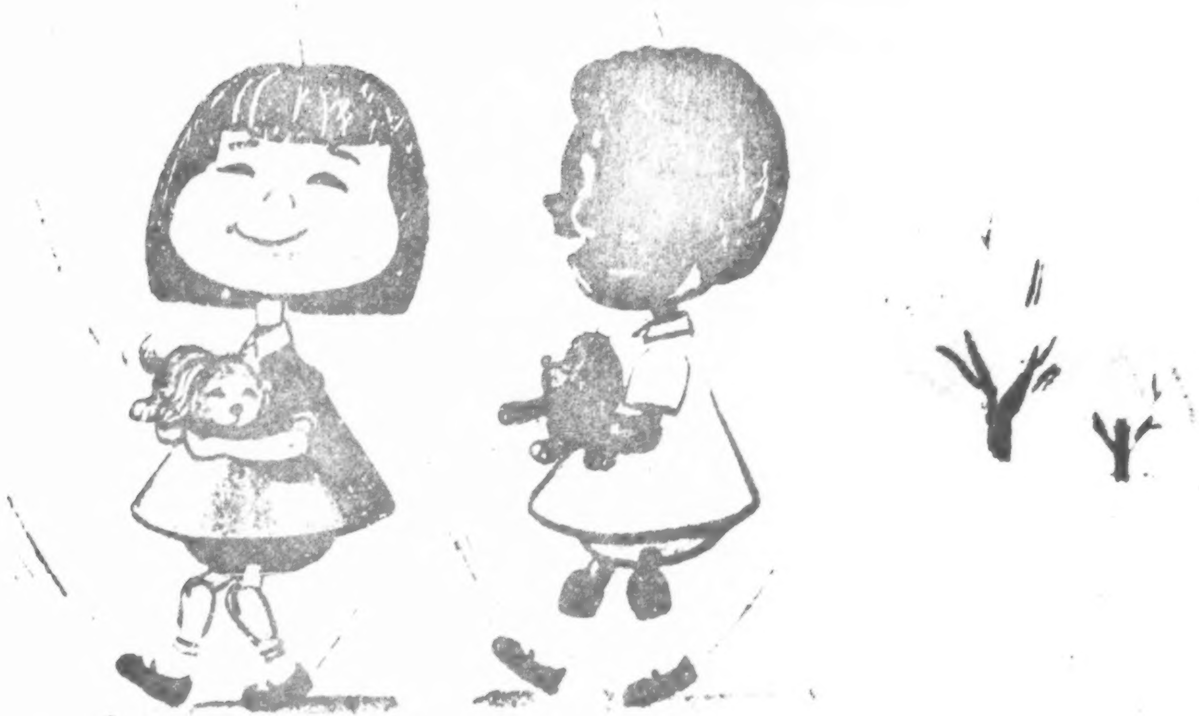
Bulletin board

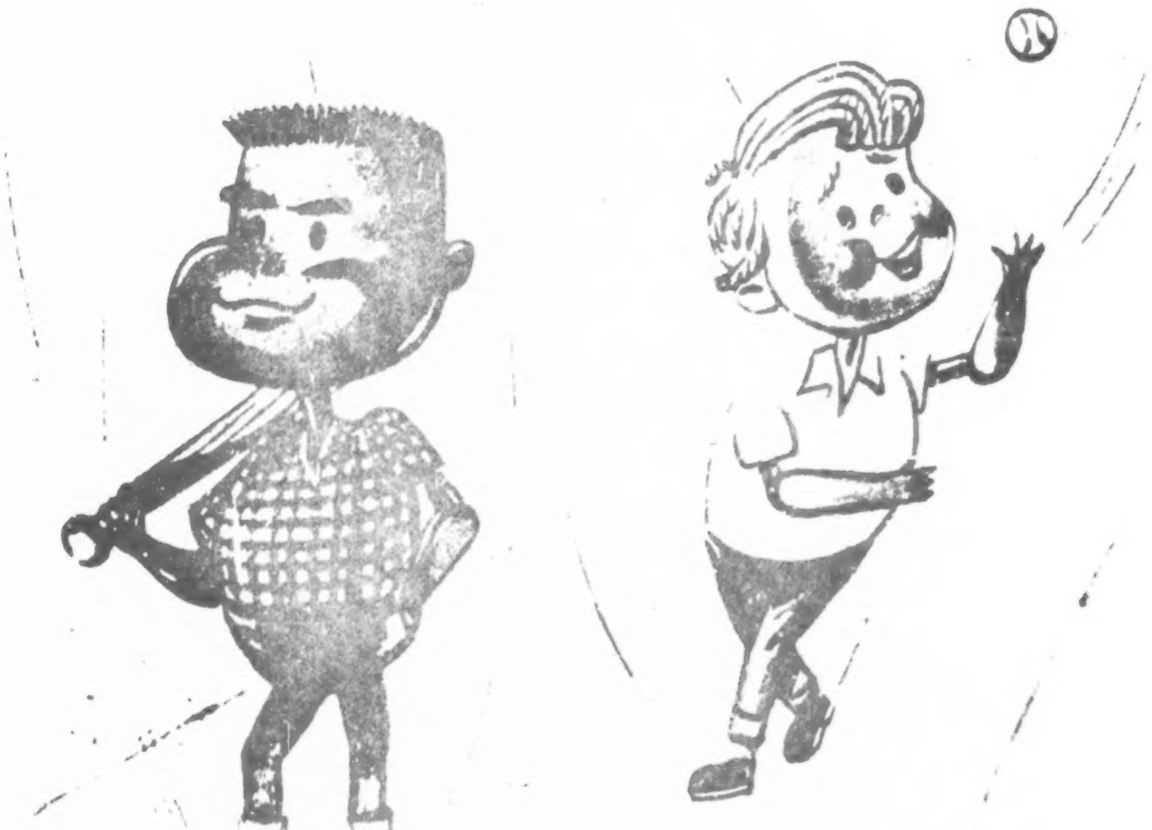
Letter to parents to acquire a picture of each student, his food dislikes and likes.

Appendix H -- Guess Who?

Projector

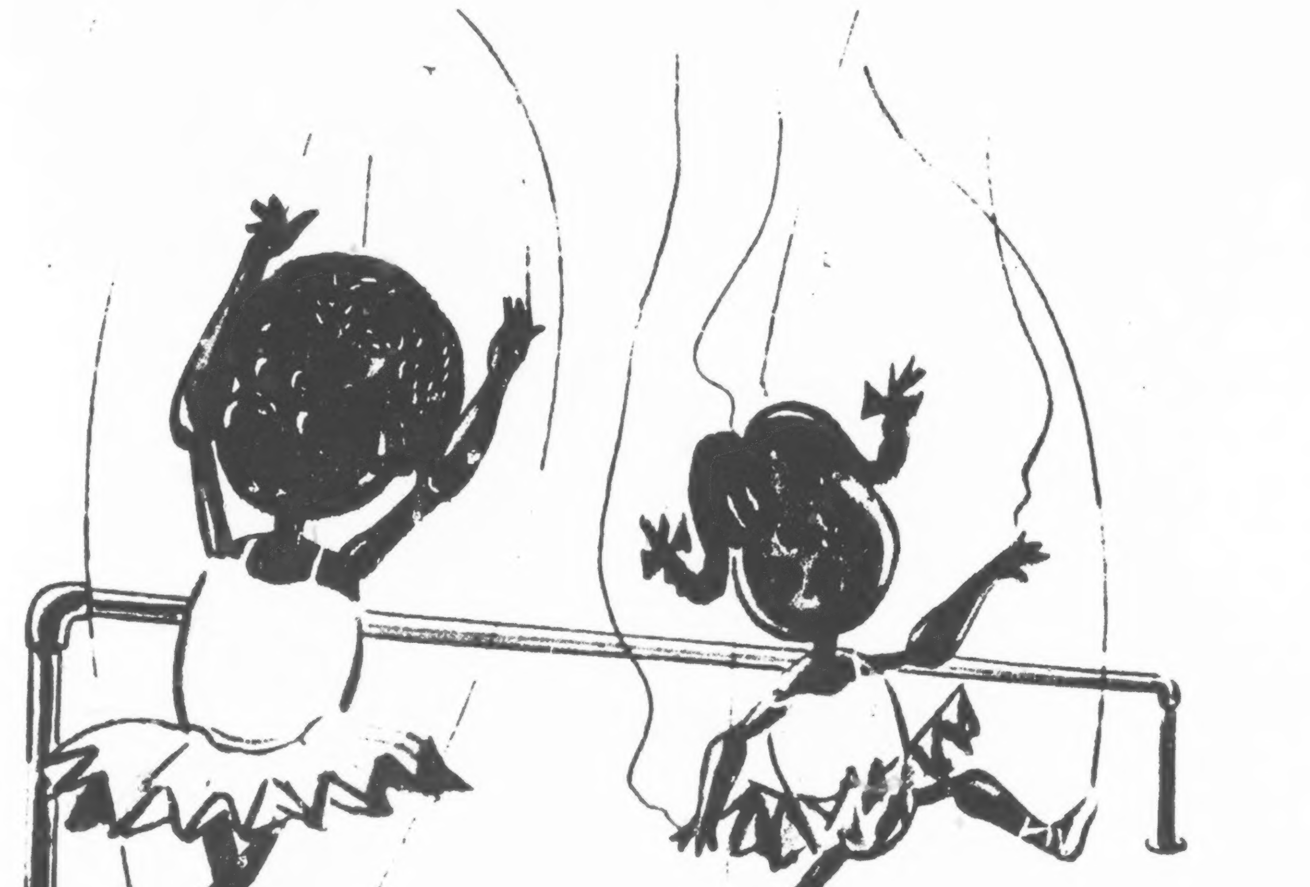
# We are different





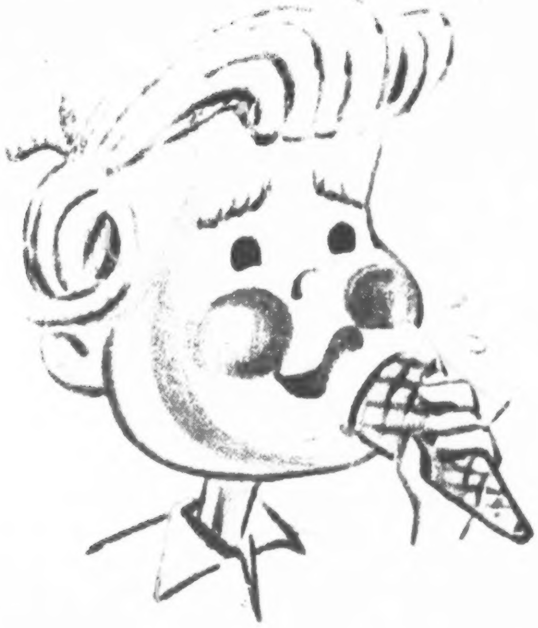
This is good.

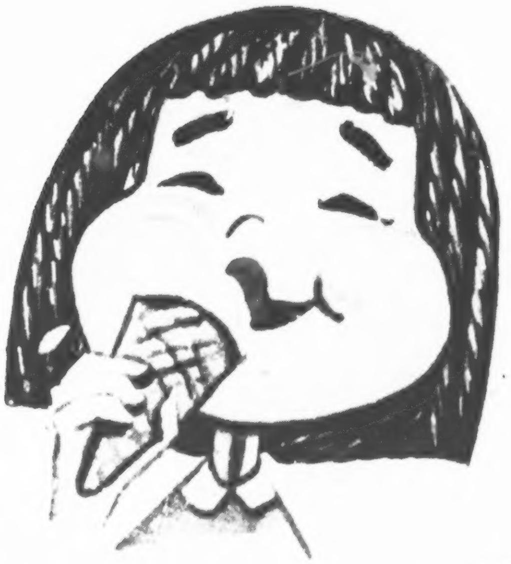
We are different from others.



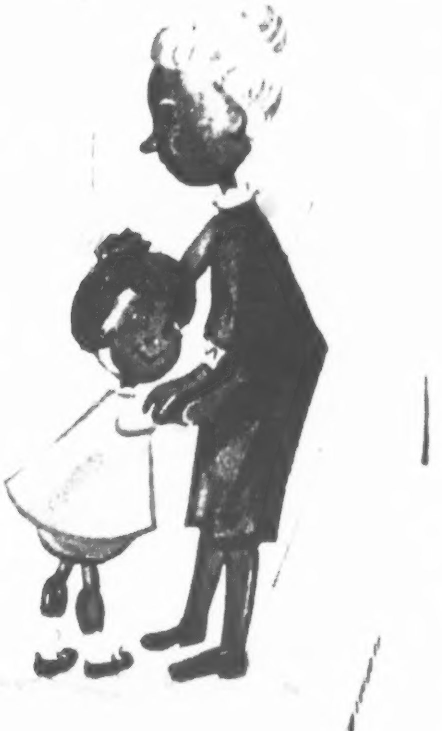
We can do different things.

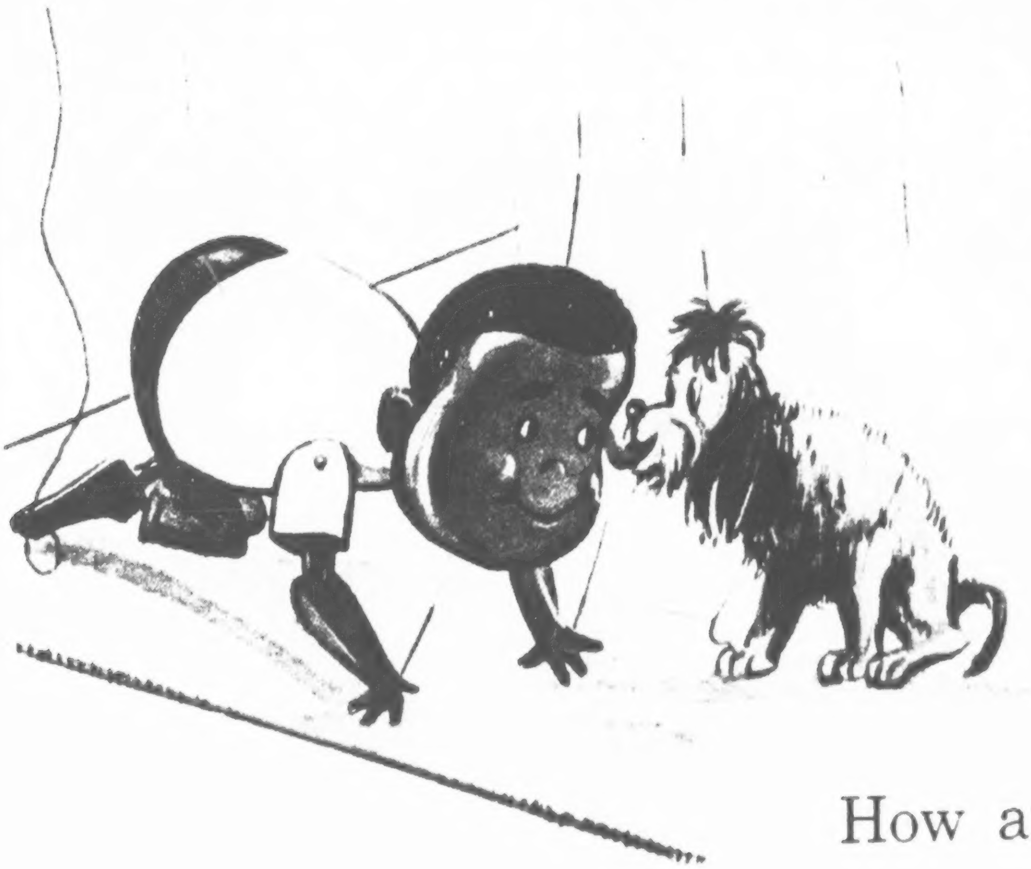
## We are alike



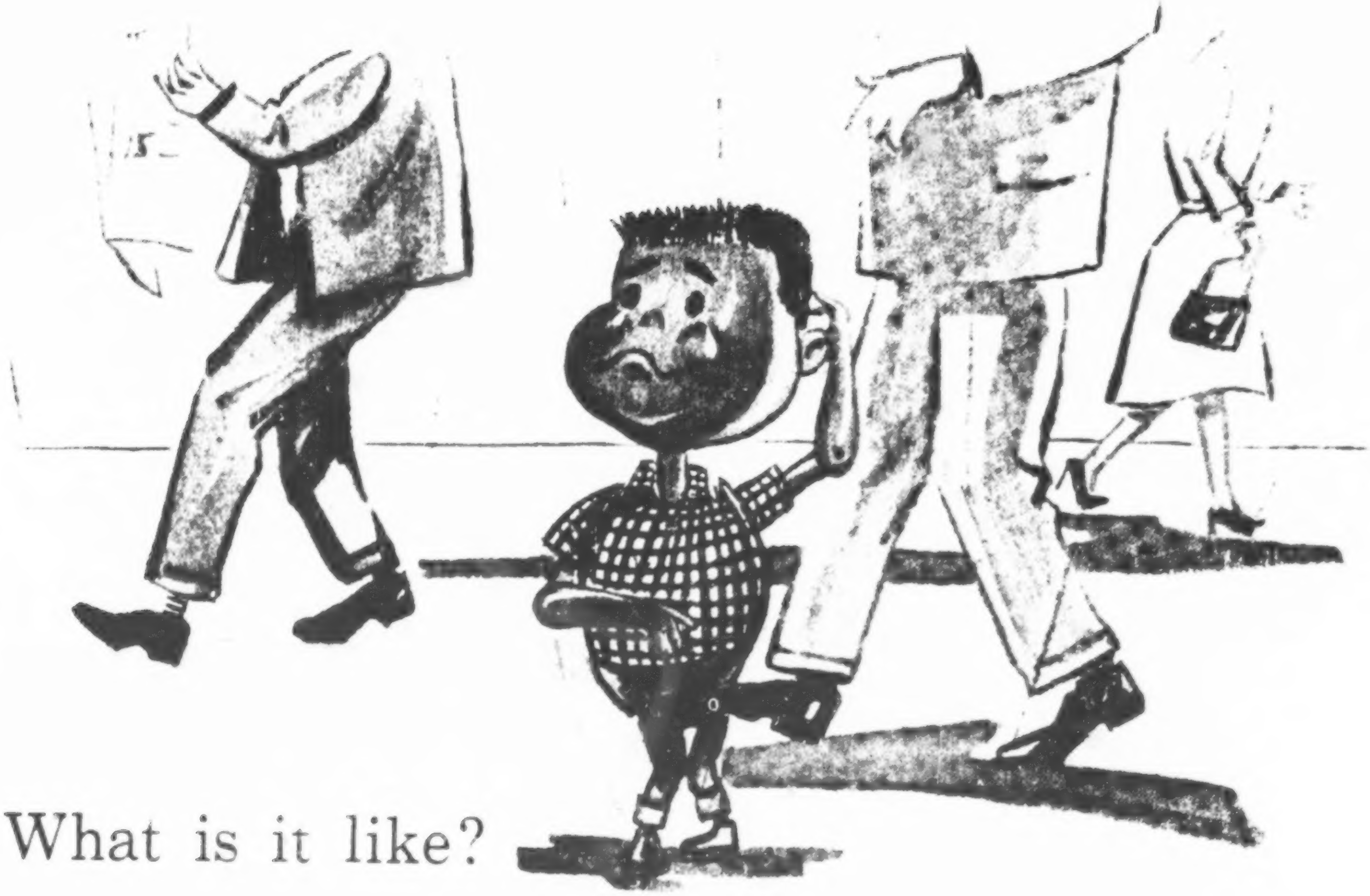


How are they alike?

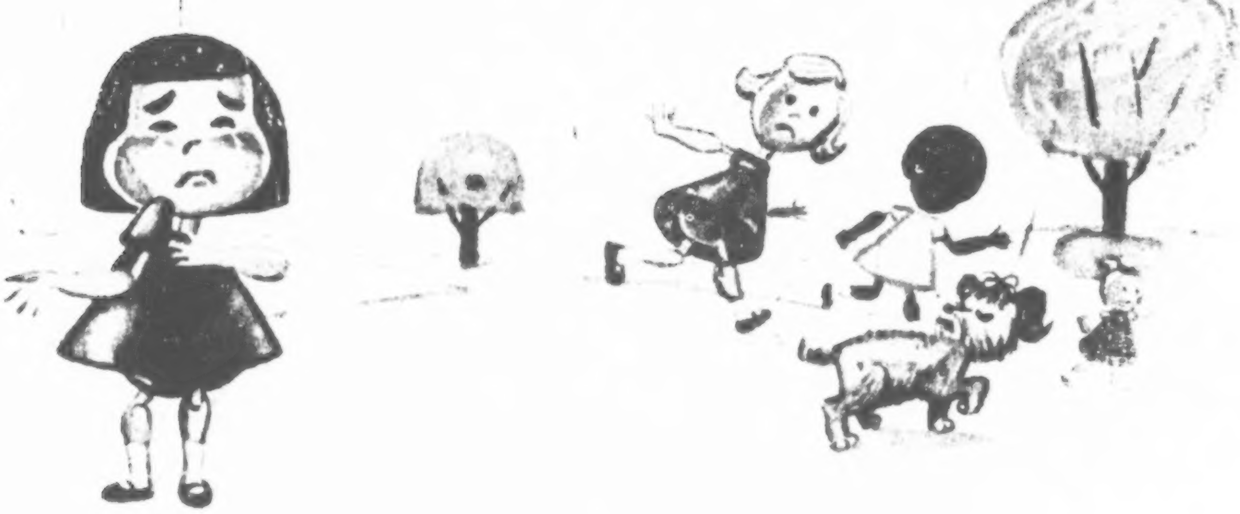




How are they alike?

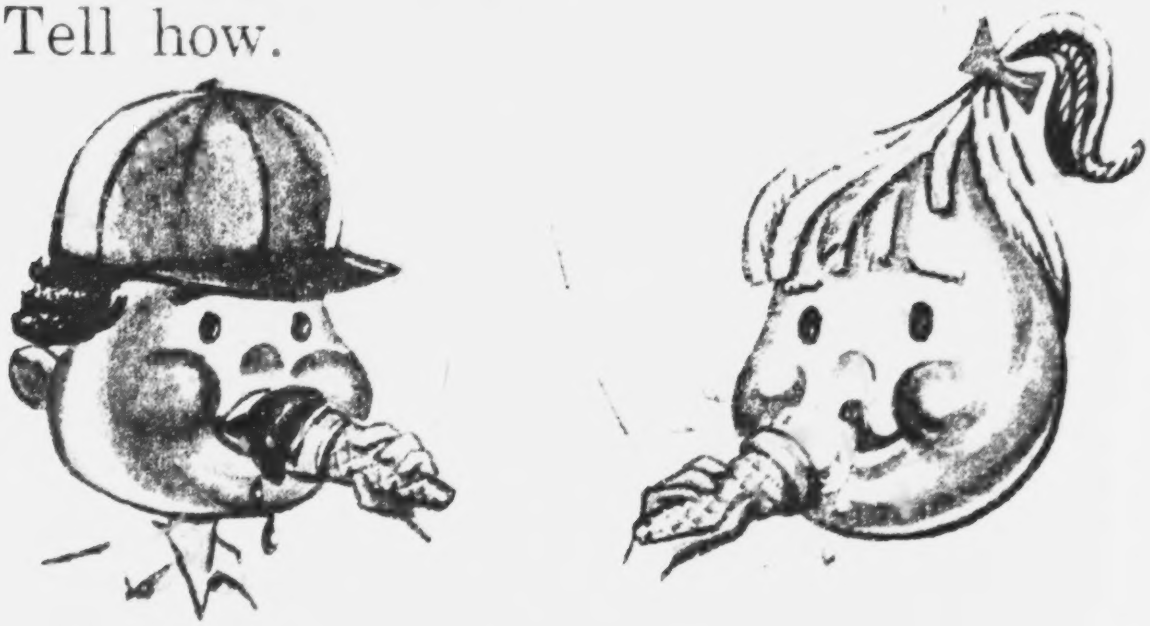


What is it like?

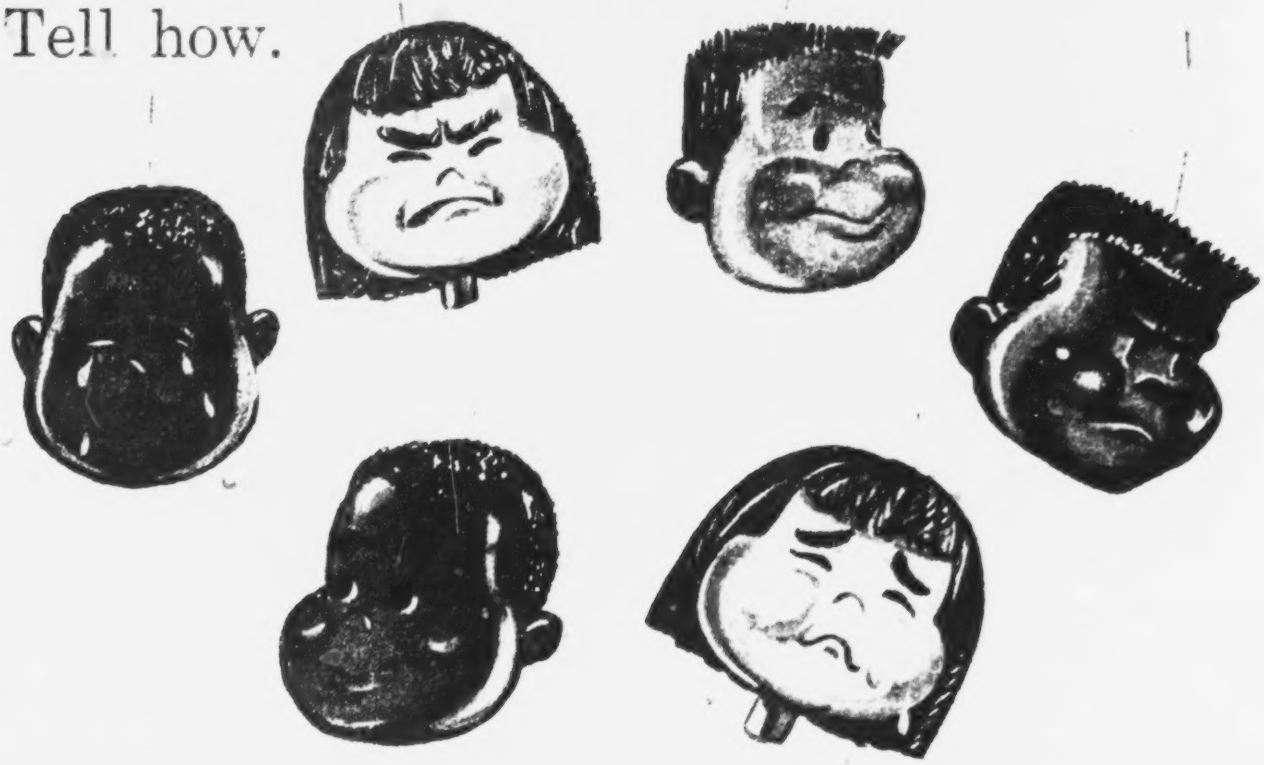


What is it like?

Alike and different.
Tell how.



Alike and different.
Tell how.



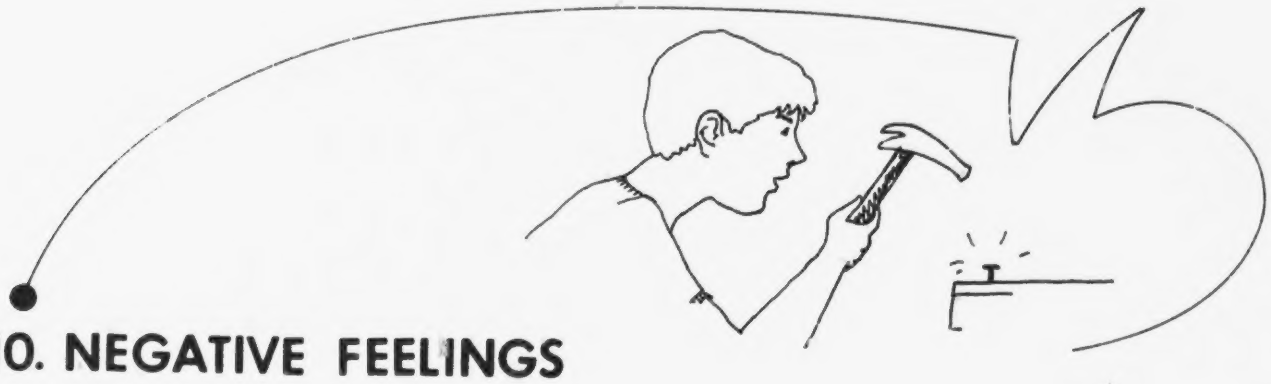
We are alike and we are different.
Isn't this good!

## Something to do

Tell how you and your best friend are alike.

Tell how you and your best friend are different.

Tell how you are like your brother or your sister.



# 10. NEGATIVE FEELINGS

**SCOPE**

To help the pupils to understand that it is natural to have negative or unhappy feelings.

**OBJECTIVE**

Within the scope of the teacher's observation, the pupils will demonstrate the ability to discuss rather than act out negative feelings.

**SUGGESTIONS FOR THE TEACHER**

The text, *You and others* (Lyons & Carnahan, 1967), begins with the presentation of a puppet's family moving to a new neighborhood and the stresses that this move creates.

- Discussing these pictures and the text is one way in which the study of negative or unhappy feelings may be approached. Pages from *You and others* have been reproduced at the end of each lesson for your convenience.

The pictures illustrate the shyness of children, the caution of parents, the longing of a boy for familiar surroundings, the feelings of love for a family, and how tensions build and anger results at a time of strain. Talking things over and exchanging affection are shown as methods of easing tension.

- Incorporate into the classroom the attitude that it is natural to have negative or unhappy feelings, that feeling angry or jealous is not bad. Allow the child to verbally express a dislike for an activity or jealousy of another child. When a child expresses a negative feeling by pushing or hitting another child, tell the aggressor that you understand that he is angry, but that he is not allowed to hurt anyone. Then try to eliminate the cause of his behavior.

- Show the children that adults too are often angry or unhappy by admitting these feelings to the class when you have them, being careful not to be angry with a child, but the action of a child, if this is what causes your anger.

- Collect and draw pictures of people which show different emotions (Appendix I). Indicate how the people in the pictures feel. Ask the class what situations can cause these feelings. What do these feelings make you do--hit? yell? cry? What makes you happy, sad, angry, disappointed, afraid?

- Dramatize situations which show different feelings.

  a. How did you feel when the children did not want to play with you?

  b. How did you feel when someone took your place on the slide?

- Have the children dramatize the first days at a new home--the situations that would cause parents and children to be tired and frustrated, i.e., unpacking, unfamiliarity with location of stores, no friends to talk with.

- Have children who have moved from one house or one town to another tell places they liked better and why. Discuss what they might do to help new people like their new home, school and neighborhood.

- Sharing time can be used to share feelings as well as objects or events.

- Allow the children to express their feelings through fingerpaint, clay, dance, music, stories or drama.

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

Lyons & Carnahan, *You and others,* 1967, pp. 26, 28, 30, 35.

Books to read and look at with children:

Beim, J. *Laugh and cry,* 1955.

Coombs, P. *Lisa and the grompet,* 1970.

Hutchins, P. *Tom and Sam,* 1968.

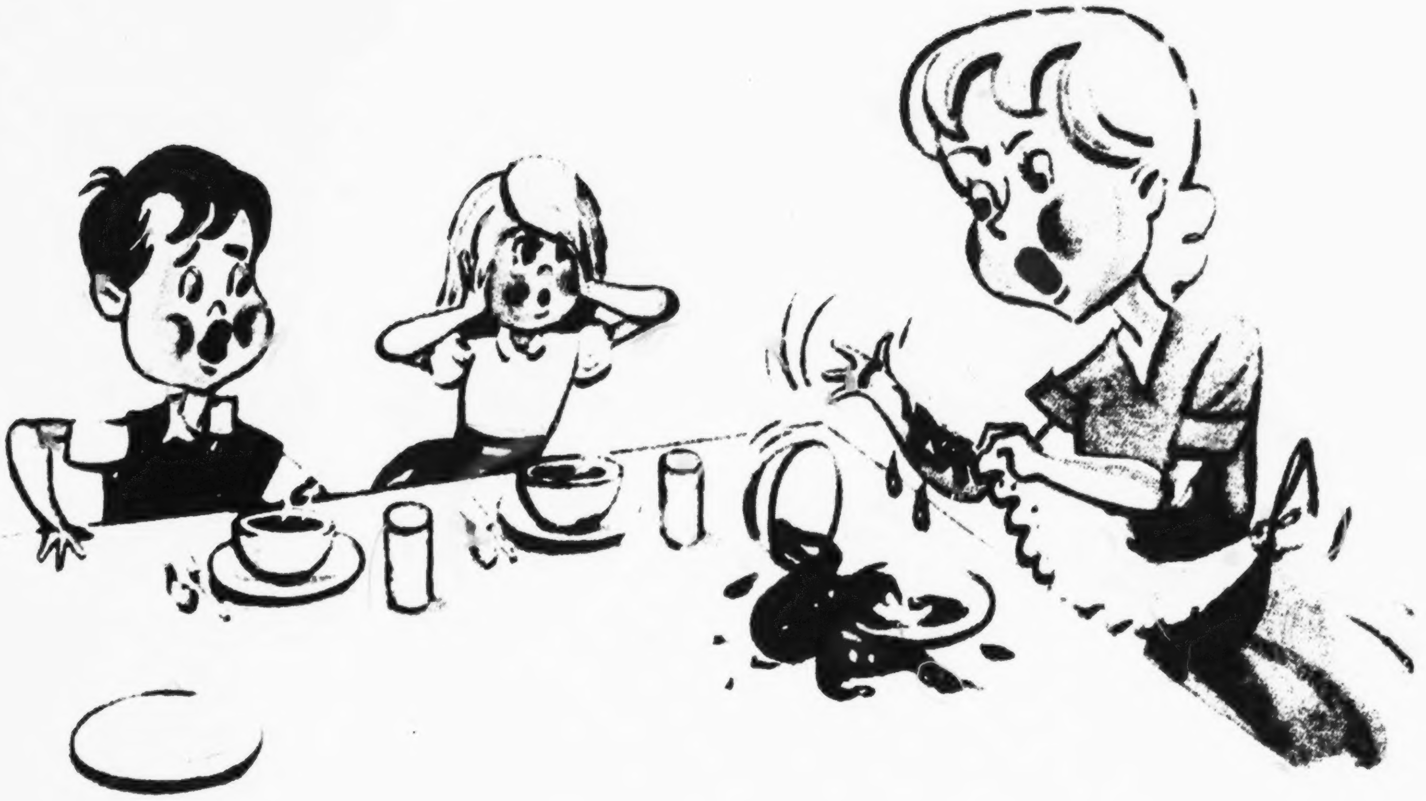
Mayer, M. *If I had . . . ,* 1968.

Scott, A. H. *Sam,* 1969.

Seligman, D. H. *Run away to me,* 1969.

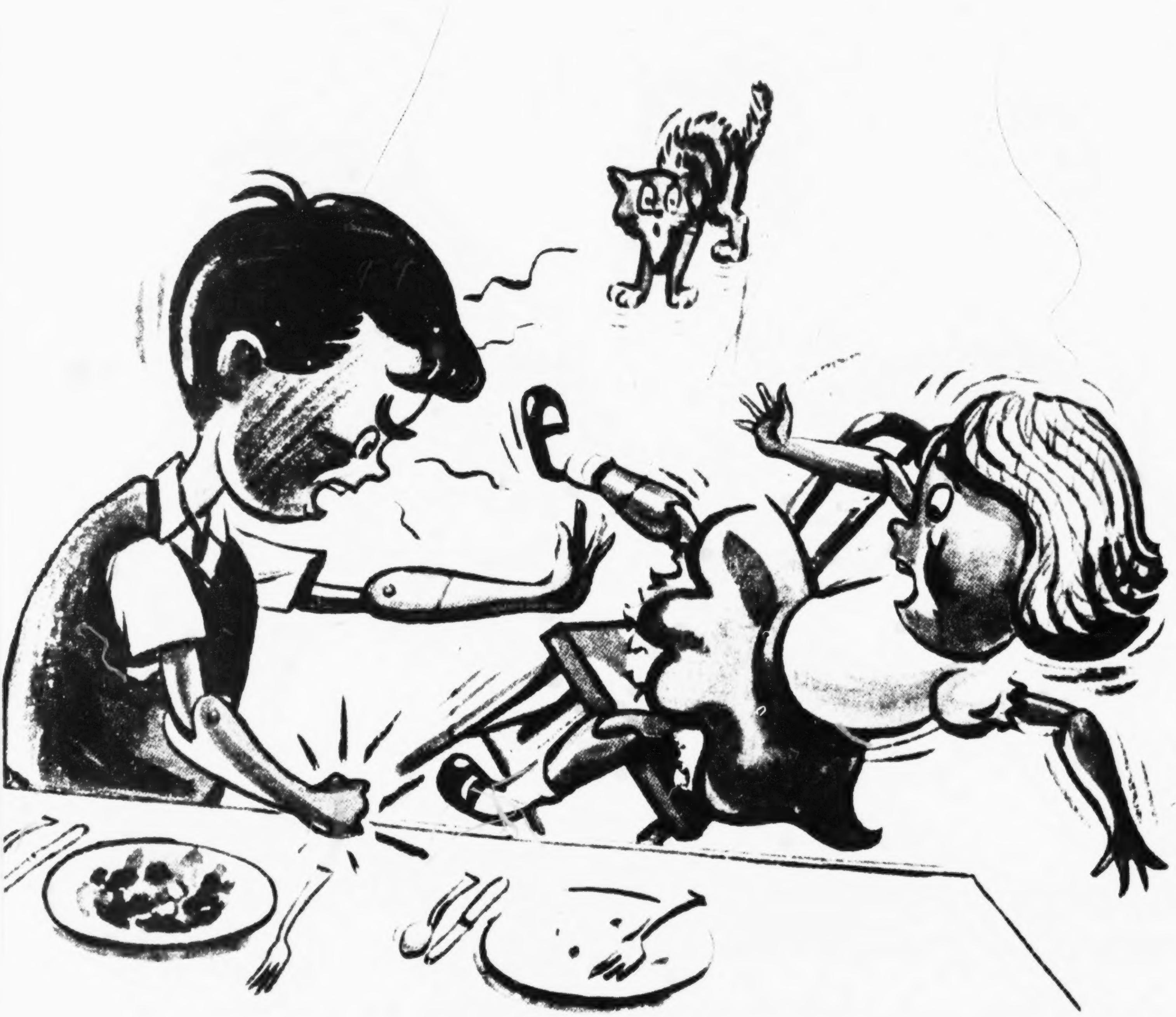
Thompson, V. *Sad day, glad day,* 1962.

Zolotow, C. *If it weren't for you,* 1966.



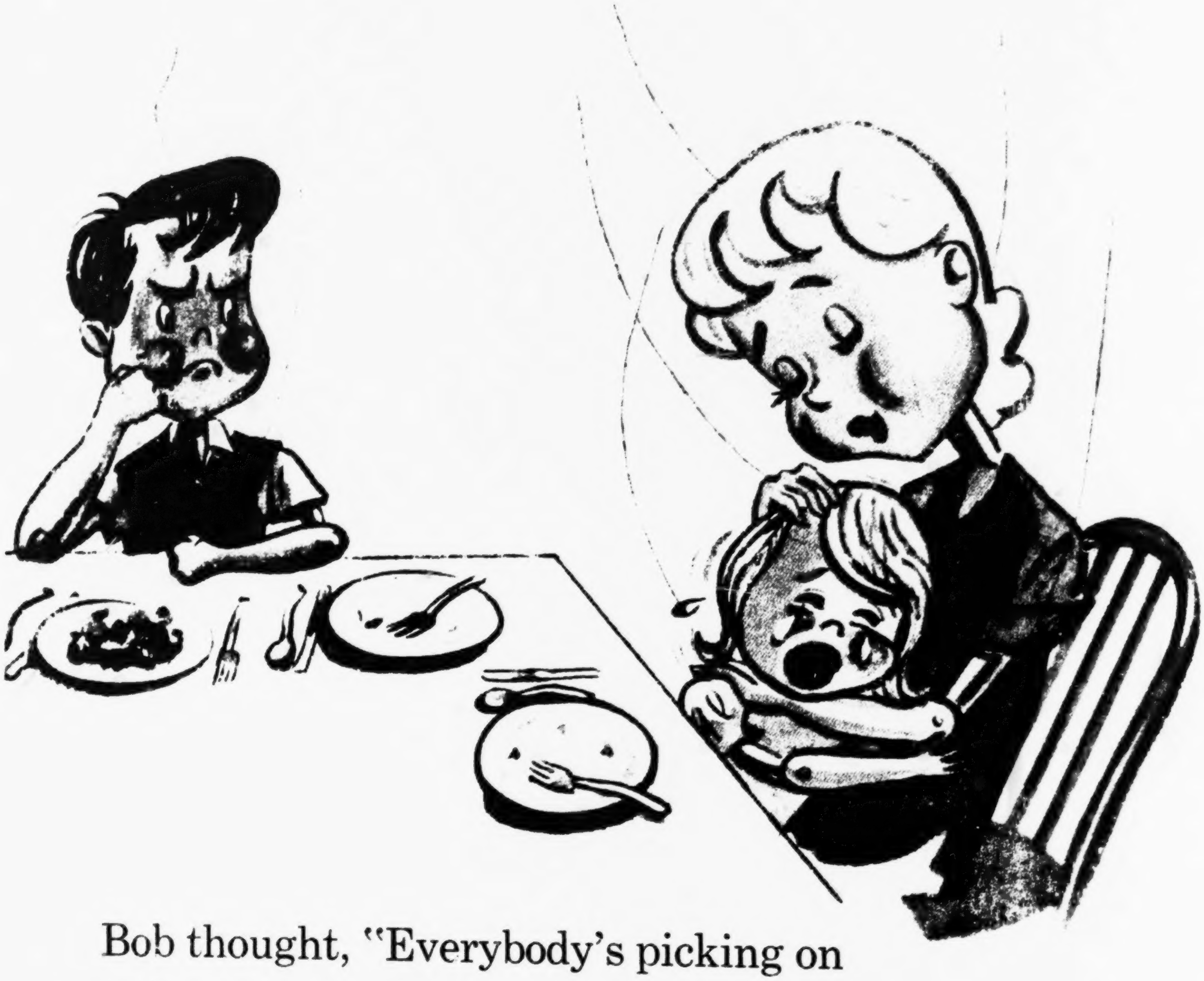
Moving was hard for Mother, too.

Without thinking Bob pushed her. Betty fell from her chair to the floor and began to cry.



"Now see what you have done," Mother said. She put her arms around Betty.

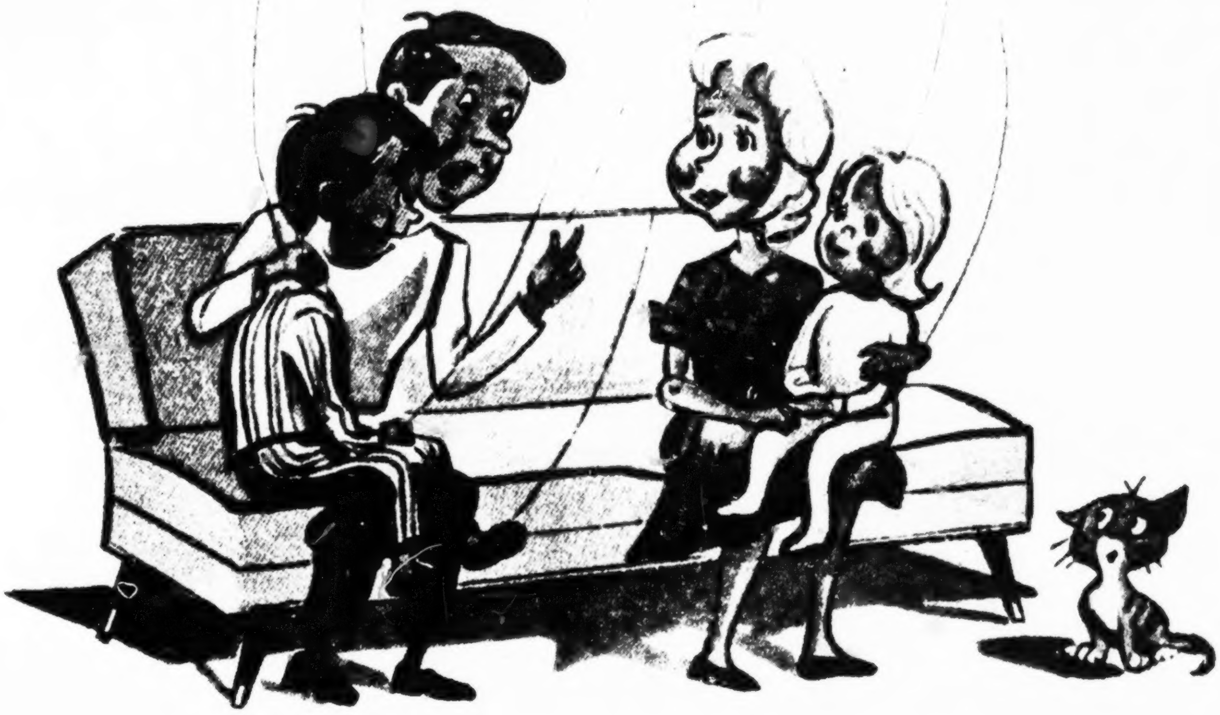
"Son, you know better than that," Father said.



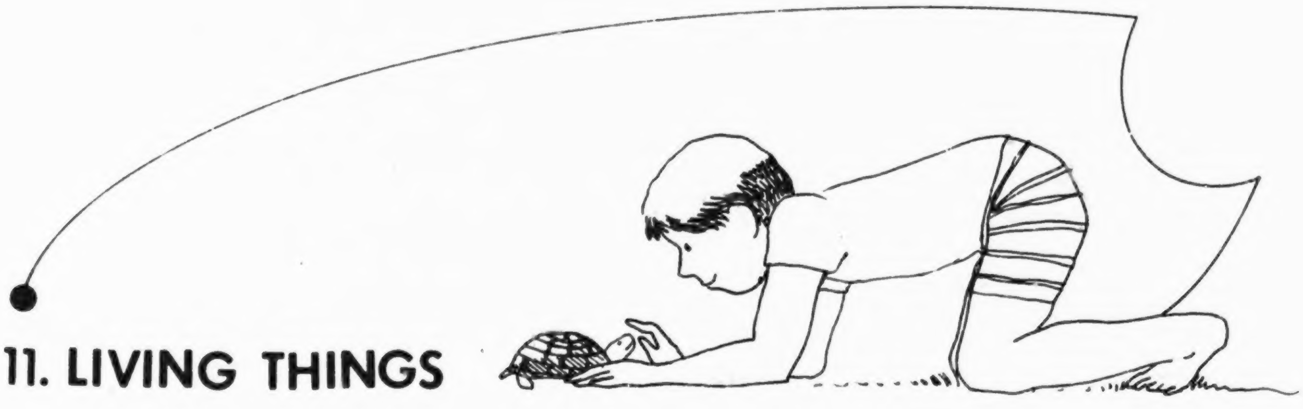
Bob thought, "Everybody's picking on me. Can't they see I just want to be left alone? I wish Betty would be quiet. Why does she have to be such a big baby?"

Bob and Betty were ready for bed. They had a little talk with their parents. Dad said moving to a new home is good in many ways. But it is hard too. Mother had more to do. Dad had more to do.

Getting used to many new things is hard on the whole family.



Name some good things about a new home.



# 11. LIVING THINGS

**SCOPE**

To help the pupils to see that all living things come from other living things much like themselves.

**OBJECTIVE**

Each child shall demonstrate, at the 90% level of accuracy, his ability to recognize the young of a species in any of several ways, i.e., verbal description, pointing to pictures, matching pictures.

**SUGGESTIONS FOR THE TEACHER**

- Display pictures of animals and their babies plus pictures of insects, fish, amphibians, reptiles and mammals--alone and in groups.
- Equip the classroom with fish and small animals which will have or have had babies, i.e., guinea pigs or gerbils (Appendix G).
- Discuss the kind of parents each animal has. If it is a family picture, discuss the resemblances seen, i.e., ears, fur or feathers, body shape.
- Have the children fill out the worksheet entitled "Who is My Mother?" (Appendix J).
- Make a simple family tree which shows how parents and grandparents are related to us (Appendix K). When the lines are drawn it looks something like a tree and is a handy way of showing the idea that we come from people who are similar to us. (Note: *Be aware of and avoid situations in which this activity might be embarrassing.*) Have the students take the chart home for the names of their relatives. Have them also bring in pictures of their relatives (not just those mentioned in the family tree) to observe families and similarities within them.

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

Books to read to and look at with children.

Brown, M. *How hippo,* 1969.

Eastman, P. D. *Are you my mother?,* 1960.

Fox, C. P. *Mr. Duck's big day,* 1963.

Knoche, N. R. & Jones, M. V. *What do mothers do?,* 1966.

McClung, R. M. & Morrow, W. *Possum,* 1963.

Schwartz, E. & Schwartz, C. *When water animals are babies,* 1970.

Webb, C. *The thirteenth pig,* 1965.

Williams, G. *Baby farm animals,* 1959.

Wong, N. & Vessel, M. F. *My goldfish,* 1969.

____________________. *My ladybug,* 1969.

Other resources:

Pictures of animals and their babies

Pictures of insects, fish amphibians, reptiles, mammals

Live fish and small animals

Appendix J -- Who is my Mother? worksheet

Appendix K -- Family Tree

## 12. HUMAN REPRODUCTION

**SCOPE**

To introduce a discussion of family life and human reproduction.

**OBJECTIVES**

1. Each pupil shall make at least two appropriate contributions (statements or questions) during a discussion of family life and human reproduction.
2. Each child shall demonstrate a knowledge of the process of human reproduction by correctly pointing to pictures of pregnant woman in an assorted selection or by verbalizing the fact that the baby grows in the mother's body and that her abdomen becomes greatly enlarged.

All children need to have a truthful picture of what is involved in the creation of life. Many parents will have explained this process to their children, but these facts need to be reinforced for the children by the school. In a regular class children might study the propagation of plants and animals, draw inferences from this study, and with the teacher's help, apply them to human reproduction. The mentally retarded need a more direct approach because of their more limited ability to deal with abstractions and to transfer principles. Therefore, if the teacher wishes her class to learn about plant and animal reproduction, this study should go on in the classroom as motivation for and a reinforcement of the study of human birth and development.

When dealing with the biological aspects of reproduction as well as in other areas of sex education such as male and female roles, sexual encounters, the learning and correct use of the names of body parts and premarital sex, the teacher's feelings, her recognition of her inhibitions, her attitudes and her knowledge of the subject are of great importance. Without this self-knowledge, communication can be blocked and unhealthy attitudes, inhibitions, and misconceptions perpetrated in the students.

**SUGGESTIONS FOR THE TEACHER**

● A presentation of human reproduction fits into a study of the family, and may be motivated spontaneously by things that happen outside class: a mother's pregnancy, a new baby, litters, or dogs copulating. However, the teacher can provide an atmosphere and activities for her class that elicit questions about the reproductive process, i.e., a pregnant mother can visit the class and the children can be helped to notice her large abdomen. Later, the class can visit the new baby. Pictures of pregnant women; little babies crying, eating and kicking; and books about the birth of young can be displayed in the room. Fish, tadpoles and small animals can be kept in the room and the children can observe their birth, growth and development. A trip can be made to a farm, a pet store or the home of a new litter.

●The following are examples of the vocabulary and a manner in which the story of the reproductive process and the birth of a child can be told. Conception is not explained in the stories. However, the teacher needs to anticipate and be ready to answer the child's questions concerning how a baby starts or how the sperm and the egg come together. An answer might be: "The sperm reaches the egg by the father putting his penis into the opening or vagina between the mother's legs. This is done during a very private time."

Misconceptions about the reproductive process occur when the child's understanding is left to his own imagination. As an example, the eight-year-old who was told that a couple comes close together and the sperm meets the egg, responded with reference to a young married couple who frequently visited her home and sat close together. "They always sit close. Why don't they have a baby?" Since all children will not expose their misconceptions so readily, the manner in which this material is presented should be clear and unambiguous.

●The chalkboard, overhead projector, pictures, models, slides and films stimulate discussion, add interest, and reinforce the concepts presented in the lessons. All audiovisual material should be previewed to insure appropriateness of level, interest and material to the class.

● The following explanations are adapted from sex education preparation by the Royal Board of Education of Sweden (Reik, 1966).

*Explanation A:*

We all have some place to go after school, a place where we sleep, eat our meals, and spend many happy hours. Our class has spent much time talking about families and homes and how important they are to us. It is hard for us to think of what it would be like if they were not there now. But they have not always been as we know them today. Before your parents were married, your mother and father thought each other were very special people. They wanted to be together in their own home. Getting married meant finding a place to live and getting furniture, and your father's name became your mother's name. Most married people do not think of themselves as a real family until they have children and most people want children very much. And where do the children come from? You probably already know that they come from mother's body. But wouldn't you like to know a little more about how a baby comes into the world?

We have all seen the kind of eggs which come from the body of a hen. Humans have eggs, too. They are as tiny as the head of a pin, and they do not have a shell like a hen's egg but are covered with a thin skin. These tiny eggs are in a special place in mother's body, and one day one of them starts to grow. It soon has a little head and little arms and legs. It takes a long time for the baby to grow big enough to live outside the mother's body. While the baby is in the mother it gets its food from her through a tube called a cord, attached to the baby's abdomen. As the baby grows, the mother's abdomen gets larger. After nine months, the baby is ready to be born. One day the mother feels the baby push to get out. She goes to the hospital where her doctor and the nurses help the baby come out. When the baby is ready to be born the birth canal (vagina) stretches and the baby comes out from the special opening between the mother's legs. When the baby is born, the doctor cuts the cord. This doesn't hurt the baby and the little end which is left is the navel we all have in the middle of our abdomen. Now the baby gets food through its mouth.

Mother and father do not know before the baby is born whether it will be a boy or a girl. The doctor knows it is a girl if there is a little opening between her legs like the mother's. If it is a boy there is a penis.

When the baby is born, everyone is glad to hear him cry for the first time. This means the baby has begun to breathe the air outside the mother's body and can get food through its mouth. The baby can drink special milk from a bottle by sucking on a nipple or by sucking milk from the mother's breasts. We say the mother is nursing the baby with the milk from her breasts and this milk is very good for the baby. You may have seen kittens eat this way when they are first born.

Now we have said how a baby grows and is born. This is another very important part of the story of a baby. Why does the little egg inside the mother suddenly begin to grow into a human baby? The egg cannot do this by itself. To begin, every baby must have both a mother and a father. A father has tiny seeds inside his body. These are called sperm and are even smaller than the eggs in the mother's body. The egg from the mother and the sperm from the father must grow together to grow into a baby.

This is how the baby comes into a home. The mother and father feel they are really a family now. It is a long time before the baby is able to care for itself and the mother and father must care for it.

*Explanation B:*

In a unit of family study, the event of a new baby within the home is a natural inclusion which provides a good approach for presentation of reproduction combined with the aspects of family relationships, love, affection, and care. The following story form may be adapted for use with puppets which the class has used as representative family members or by changing names to correspond with real or story characters with whom they may identify.

> Joe and Nancy were visiting with Mrs. Green who lives next door to their home. Mrs. Green was a very kind neighbor and Joe and Nancy often stayed at her house when mother and father had to be away from home just for a little while. Today, mother had said that she needed to go to town and that Mrs. Green had baked cookies that morning because she knew Joe and Nancy would be at her house that afternoon.
>
> Joe and Nancy liked to help Mrs. Green when she worked in her yard or when she needed something from the grocery

store in their neighborhood. Mrs. Green was kind to Joe and Nancy and she called them her favorite helpers.

Joe and Nancy had just finished eating the cookies Mrs. Green had baked for them when mother came to get them. She thanked Mrs. Green for keeping the children and said good-bye.

"Where have you been, mother?" asked Joe.

"I have been to see the doctor." said mother.

"Oh, mother," Nancy cried. "Are you sick?"

"No, I feel very, very healthy and I am so happy. You see, I will be going to the doctor many times to be sure I stay healthy because something very special is growing in my body."

"A baby! A baby! We are going to get a baby!" Nancy jumped up and down because she was so excited.

Joe and Nancy knew that babies came from a mother's body, but they had not thought about having a baby in their own home.

"When may we get the baby?" Nancy asked.

"He can play with all the little toys I kept from when I was a baby," said Joe.

"Are we going to get a boy, mother? I would like a sister." Nancy thought that she would like having a live doll to play with.

"Wait a minute. Only one question at a time! Let's sit down together and I will tell you why we must wait for our baby, and why we will not know if we shall have a baby brother or a baby sister."

Nancy and Joe curled up on the couch beside mother and she began to tell them the wonderful story of how a baby grows and is born.

"You see, inside mother's body are tiny eggs. They are smaller than any egg you have ever seen. It is when one of these eggs starts to grow that a baby begins. It grows and grows and after awhile, there are tiny legs, arms, and a head. The baby gets food to grow on through a tube (cord) which grows from the baby's abdomen. As the baby grows inside the mother her abdomen gets bigger to make room for it. After a long time the mother will feel the baby begin to push to get out. This means it is time to go to the hospital. The doctor and nurses at the hospital help the baby get out through the special opening between mother's legs. When the baby is born, the doctor must cut the cord which grew into its abdomen. We all have a navel in the middle of our abdomen. This is where the cord was that took food to our bodies before we were born."

"But how do you know if it is a boy or a girl," asked Joe.

"If it is a girl, Joe, it will have a special opening in the body between the legs like a mother does. If it is a boy he will have a penis like you do."

"Joe, we were tiny like that once," Nancy said. "Look how we have grown! Oh, I'm glad this little egg started to grow so we can get a baby."

"The egg does not grow by itself, Nancy," said mother. "We have left out something very important in our story of how this baby is growing, just as each of you grew. The egg does not start to grow until it meets a sperm. Sperm grow inside father's body and are even smaller than the egg. A baby begins only when the sperm and egg grow together."

When father came home from work, Joe and Nancy talked with him about the new baby, too. Father was very happy.

"We will all help mother with work so she may rest and stay very healthy," he said. "She will tire more easily as her abdomen gets bigger with the growing baby inside. Mother and our new baby have to be taken care of."

To help the children understand that babies grow inside the mother until they are large enough to be born:

- Have the children discuss times their mothers or friends were pregnant and how they could see the pregnancy.
- Bring in maternity clothes and regular clothes -- blouse, skirt, slacks. Have the children verbalize the extra room they see in maternity clothes. Have them stretch the front of skirts and slacks to see how they expand. Why are these special clothes necessary?
- Have a pregnant woman, who would not mind having the children feel her abdomen for fetal movement, visit the class. Allow the children to comment on what they felt.
- Show pictures of the developing fetus in the mother's body (Appendix L).

**RESOURCE MATERIAL**

*Bibliography contains complete listing of references.*

*Beginning the human story.* Health for All, series 1967.

Ets, M. H. *The story of a baby,* 1939-1967.

Flanagan, G. *Window into an egg: Seeing life begin*, 1969.

Follett Family Life Education Program. Chicago, Ill.: Follett Publishing Co., 1969.
  May, J. *Living things and their young*
  Meeks, E. & Bagswell, E. *Families live together*
  ____________________. *How new life begins*
  ____________________. *The world of living things*

Gruenberg, S. *The wonderful story of how you were born,* 1959.

Hobson, L. Z. *I'm going to have a baby,* 1967.

Hofstein, S. & Bauer, W. *The human story: Facts on birth, growth and reproduction,* 1967.

*Pregnancy in anatomical illustrations,* Carnation Company.

Reich, H. *Baby animals and their mothers,* 1964.

Reik, T. *What shall I tell my child,* 1966.

Shay A. *How a family grows,* 1968.

Showers, P. & Showers, K. *Before you were a baby,* 1968.

Showers, P. *A baby starts to grow,* 1969.

Color Slide Program: *How babies are made,* Creative Scope, In.

Films:
  *Fertilization and birth,* Wexler Films
  *How come I am?,* Professional Arts, Inc.
  *How life begins,* Wexler Films
  *Kittens: Birth and growth,* Bailey Films, Inc.
  *Your family,* Coronet Films

Other Resources:

Pregnant mother

Pictures of pregnant women; babies crying, eating, kicking

Appendix L -- pictures of developing fetus

Small live animals

Projector

Maternity clothes

# INTERMEDIATE LEVEL

# INTERMEDIATE LEVEL

The pre-adolescent is often harder to work with than the younger child. He is going through a period of growth and change physically and emotionally, and change frequently brings problems. He is often restless, moody and sensitive. Old fears and infantile habits reassert themselves. He may worry about illness and accidents and yet be reckless, striking out at adults. When writing about the pre-adolescent between the chronological ages of nine through thirteen, Redl (1966) states two social occurrences that account for the child's behavior:

1. During pre-adolescence the well-knit pattern of a child's personality is broken up or loosened so that adolescent changes can be built into it and so that it can be modified into the personality of an adult.

2. During pre-adolescence it is normal for youngsters to drop their identification with adult society and establish a strong identification with a group of their peers.

It is a period that is even more difficult for the educable mentally retarded with his accumulated, unresolved tensions, a period which adds further problems and change, than it is for the child of normal intelligence. During this period the students in a class of educable mentally retarded or of normal intelligence, will vary in their growth rates. Some students will be physically mature, others will have bodies comparable to younger students. They will be uneven in development within themselves, perhaps being trustworthy and dependable, but unable to make decisions. Then, too, different pupils will remain at the varying stages of growth for various amounts of time.

The pre-adolescent will be increasingly interested in the opposite sex and daydream about dates and body changes. He will want to take part in activities that are forbidden or that he lacks the skill to pursue. He will be in conflict over the desire to act like his peers and the dictates of his conscience which tell him that he should report some peer activities. He will be in contact with adults who seem inconsistent, telling him at one moment that he should act his age and assume certain responsibilities, and at another moment telling him that he is too young for a desired activity.

The most important person in this child's life is his peer. Probably and hopefully for his future effectiveness and comfort in the community, the peers of educable mentally retarded are people of normal intelligence as well as retarded individuals. Therefore, the teacher has to plan activities to help the mentally retarded in social relationships that the normal child learns on his own.

The pre-adolescent finds it important to belong to a group, gang or clique, to show his belonging by the clothes he wears, the hair style he favors and the language he uses. He finds it important and necessary to move away from adult relationships, even flaunting his independence of them. In order to have a successful program with these students the teacher must take these needs into account.

The teacher of this age group needs patience, needs to recognize the conflicts going on within the students, needs to understand the students and their reasons for behaving in outlandish ways, in order to guide their learning. She need not feel that suppressive measures to control the student's behavior will stop the behavior and enable the students to learn. Suppressive measures more often prevent growth or force it into harmful paths.

The teacher needs to keep her perspective and give few orders. Instead of suppression and dictation she needs to guide the children to make observations and draw conclusions to enable them to develop more adult patterns of behavior. The teacher needs to help these students work out new ways of relating to adults. The teacher might have to reevaluate her attitudes toward this group and build a relationship based on mutual respect and friendship, guiding and interfering when necessary to prevent behavior which might hurt the student.

These students need time to talk with each other informally and work out their ideas. Socio-drama, panel discussions, or guided class discussions help the children in their growth toward adult roles, values and attitudes. Student-arranged, adult-imitating social functions aid in their learning the social customs of adults.

The varying ages and developmental levels of this intermediate group may cause some concern when trying to decide the appropriate time to present the material, specifically the material relating to physical changes. It is better to present the material before all the children are ready, rather than waiting until after the information was needed and could have been used by some. It is also better not to have separate lessons for those who are ready. This separation might imply that sex or body changes are secretive and must be hidden.

# 1. EMBRYO AND FETAL DEVELOPMENT

**SCOPE**

1. To develop the concept that life starts simply and becomes more complex.
2. To help develop observation skills.

**OBJECTIVES**

1. To arrange, in proper order, seven jars containing examples of the stages in the development of the chick embryo. (Note: The acceptable level of performance should be established by the teacher for each child since this may be a difficult exercise for some children.)
2. Each child shall describe his own observations during the egg incubation project verbally or in written form.
3. The pupils shall individually and voluntarily make at least one verbal contribution to a class discussion of the similarities in the growth and development of the chick fetus and the human fetus.

**SUGGESTIONS FOR THE TEACHER**

In order to follow the fetal growth and development of a chick and to note the similarities between the growth of this fetus and the growth of a human fetus, as seen on a chart, the teacher and students need to spend part of each day for four weeks observing the cracked fertilized eggs, and comparing chick and human embryology. It is not important for the student to try to retain the scientific names or facts of development. It is important for the student to understand that life develops from a cell, a simple form of life, to a more complex form, the live animal.

● Mark the eggs "a.m." on one side, "p.m." on the other. Have one child be responsible for turning the incubating eggs each day at the beginning and the end of class. Post a chart which assigns this daily task and have the students be responsible for checking their names when the task is complete.

Each day choose a pupil to break open one egg so the class can observe the embryo. Preserve the contents of the egg in a jar with formaldehyde and label it: lst. day, 2nd. day, etc. After the sequence is completed, select every 4th. jar for a total of seven, for the student to arrange in order.

● Along with the preserved embryos, which show the fetal development of the chick, make a chart which illustrates this development. Divide a large piece of oak tag into twenty-eight squares. Label each square with the sequence of days. After observing the embryo, have one child draw what he sees in the appropriately labeled square.

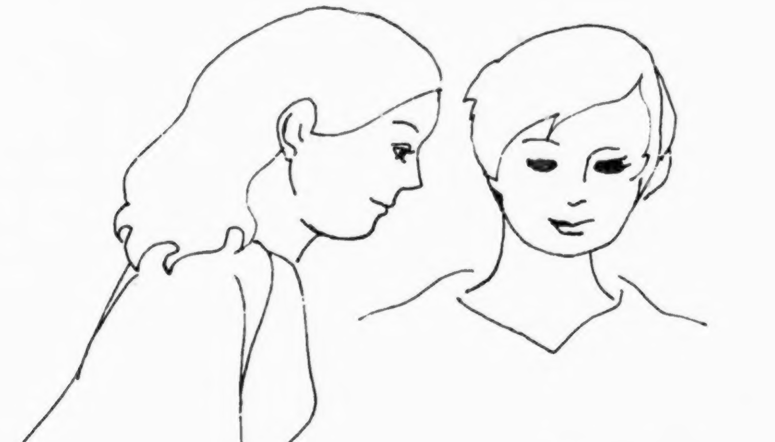
- If they are interested in doing further work, the students may keep individual booklets noting each day's development in pictures and writing. The books listed in the bibliography reinforce the developmental concept, provide background information for the teacher, and provide a source of information the students can go to for answers to some of their questions, i.e., Where does the embryo get its food? How does it breathe? In the human embryo, does the baby eat what the mother eats?

The chart, *Comparisons of Chick-Human Developmental Stages,* (Brown, 1967), is for teacher reference. It is not suggested that the pupils be required to learn the details or the terminology of the development.

While observing the chick embryo, the students may see some that are deformed and some that are dead. Questions regarding these observations should be answered honestly. An illness of the mother, a disease of the fetus, blood incompatibility, an accident, drugs the mother has used, and other occurrences that doctors can't explain may cause the embryo or fetus to die or to grow abnormally. Maldevelopment may occur in any part of the body, crippling limbs or internal organs. This crippling may limit growth in a chicken or in a human after it is born. However, doctors and teachers have been trained to help many humans who have been born with some limitation or disability to lead a normal life.

The fact that some people are born with limitations or disabilities is meaningful to the educable mentally retarded. Discussions of the possible causes of a disability, the fact that the student is not responsible for his physical limitation, may help him understand and accept his disability.

Some students may be uncomfortable breaking open the eggs and causing a potential chick to die. Any student who does not want to break open an egg should not. In a discussion of this reluctance, the students will probably understand that using an animal for study or food is different from wanton killing. The analogy that some chickens are used to feed our stomachs and that these are being used to feed our minds might be pertinent.



## Comparisons of Chick-Human Developmental Stages

### Chick

*1st Day:* Blastodisc begins to grow; living membrane (yolk sac) developing; embryo is center of the membrane.

*2nd Day:* Network of blood vessels appears on yolk sac (vitelline vessels).

*3rd Day:* Beating heart pumps blood through embryo and its vitelline vessels. Amnion begins to form. Embryo looks like a comma with head just beginning. Lens of eye appears.

*4th Day:* Amnion completely formed. Embryo has definite shape and is separate from yolk sac. Circulatory and respiratory systems developing. Legs, wings, and sense organs begin. Allantois starts to form.

*5th Day:* Embryo rapidly growing. Allantois growing rapidly. Head is very large.

*6th Day:* The head is large, the body small. The lens of the eye is more clearly visable. Note the allantois amnion.

*7th Day:* Embryo has all the parts it will ever have. From now on the greatest change will be in size.

*8th Day:* The embryo is beginning to look like a young bird. Yolk stalk can be seen between the legs attaching the embryo to the yolk sac.

*9th Day:* The mouth opening appears; the beak is formed. Pupil of eye can be clearly seen. Wings and legs are easily recognized.

*10th Day:* A regular pattern of tiny pores appears on the skin. From each one a tiny feather of down will emerge. Embryo begins to move.

### Human

*4 Weeks:* Rudimentary heart, head, eyes, ears, nose, mouth forming.

*5 Weeks:* Amnion enclosing embryo is size of a big dandelion in bloom; embryo is as large as a kernel of rice. Arms, legs and lungs begin to form.

*8 Weeks:* Thimble-size embryo. Arms, hand, fingers, legs, feet, toes formed. Looks like a small image of a baby. Bones begin to harden.

*12 Weeks:* Teeth buds begin to form. Legs growing too long to fit in small space of womb. They fold beneath the embryo. Embryo will fit into the hollow of two hands. Embryo has the look of a complete self; experiencing daily maturing.

*16 Weeks:* Baby begins to move.

*20 Weeks:* Embryo growing so fast that it must curl up. Movement frequent. Baby is able to change position in womb because of the prolonged length of the umbilical cord which permits movement without disturbing the function of the cord.

*24 Weeks:* Wax covering which comes from skin covers body. This protects the embryo from the long soaking in the warm water of the amnion.

*28 Weeks:* Beginning of eyebrows, eyelashes and hair. Scarcely longer than his father's shoe. Though fully developed, still too weak and small to live outside mother's body (some born 28 weeks live with the help of an incubator).

*Chick, continued*

*11th Day:* Embryo continues to grow larger. The food reserves of the yolk are diminishing.

*12th Day:* A few feathers appear in the tiny pores of the skin. Embryo is growing rapidly, but still has plenty of room within the shell. Toes and claws are formed.

*13th Day:* Growing rapidly.

*14th Day:* Growing rapidly.

*15th Day:* Embryo is so large now that it is cramped for space and lies huddled against wall of shell. Body has grown more than head.

*16 Day:* Eye closes, will not open until hatching. Whole body is covered with down. Upper side of beak has angular projection for breaking egg at hatching.

*17th Day:* Embryo gets still larger and stronger.

*18th Day:* Almost complete and fully proportioned chick. The legs are almost strong enough to support the little bird, which is about to hatch.

*19th Day:* Embryo gets still larger and larger.

*20th Day:* Chick reaches full-term development and awakens in the egg. It breaks the amnion enclosing it. Muddled peeping is heard.

*21st Day:* Shell is cracked with egg tooth, then the head pushes the shell apart. Wet and exhausted the chick has hatched! After about 15 minutes of rest, the chick pulls itself up and begins to shake itself dry.

*Human, continued*

*40 Weeks:* When the 10th lunar month (the 10th by the moon) has passed, the embryo is ready to be born. The walls of the womb in the mother start to push on the amnion surrounding the baby. No one knows for sure what starts the wall pushing. The walls pushing on the amniotic sac causes the sac to break. The baby is pushed out. The cord helps pull out the placenta which is no longer needed. The baby no longer needs the cord so the doctor cuts it off. It doesn't hurt when it is cut, just as hair doesn't hurt when it is cut. Only a little piece is left to show where the cord has been (the navel). The doctor wraps the baby in a warm blanket. A baby is born!

Selsam (1946) provides a less technical reference on this topic in her book *Egg to Chick.*

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

Brown, S. *Comparative embryology at the second grade,* 1967.

Carnation Company. *Pregnancy in anatomical illustrations.*

Christensen, N. B. *Incubation and sex education,* 1969.

Cosgrove, M. *Eggs and what happens inside them,* 1966.

Garelick, M. *What's inside?,* 1945.

Ingelman-Sundberg, A. & Wirsen, C. *A child is born,* 1965.

Parker, B. M. *Watch them grow,* 1959.

*Pregnancy in anatomical illustrations,* Carnation Company.

Selsam, M. *All about eggs,* 1952.

________. *Egg to chick,* 1946.

Uhl, M., Jr. *Eggs and creatures that hatch from them,* 1966.

Three dozen fertile eggs from hatchery

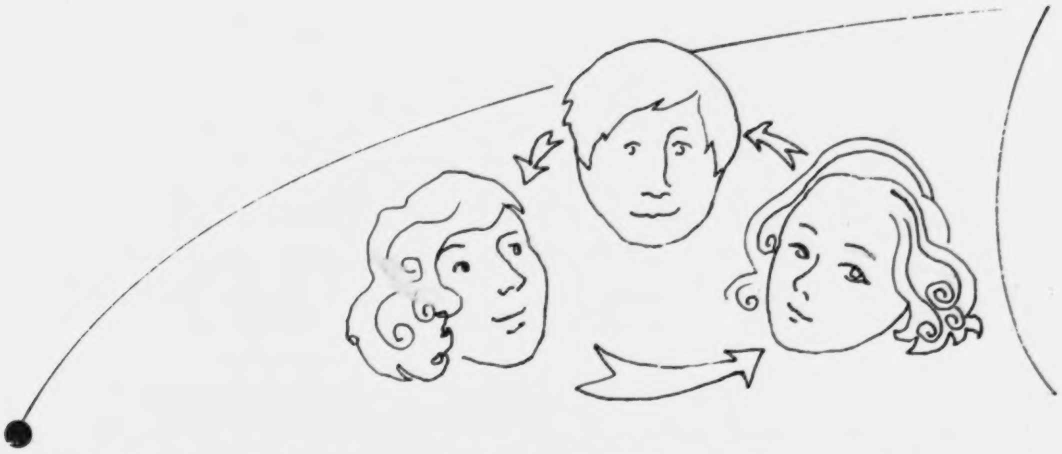
Incubator

Magnifying glass

Twenty-eight jars with covers and formaldehyde

Cover stock and paper for booklets

Oak tag or chart paper



# 2. SOCIOGRAMS AND PEER RELATIONSHIPS

**SCOPE**

To use the results of a sociogram to help students develop successful peer relationships.

**OBJECTIVE**

This lesson is directed to the teacher and her involvement in classroom manipulation. Therefore it will fall to her to determine which of these will directly involve pupil behavior. When these pupil involved activities have been selected she should, by writing her own instructional objectives, delineate the change in pupil behavior that she expects. Refer to the SECDC document, *Instructional Objectives: A Teaching Strategy for the Mentally Retarded* for a refresher on writing objectives.

**SUGGESTIONS FOR THE TEACHER**

At the intermediate level the student's peer group is important in the development of his self-concept. The sociogram can be used to help the teacher accurately observe peer relationships with the class. If the teacher wants to use a sociogram, one effective way would be to use it at the beginning of the school year, then several times during the year to note changes in the relationships between the pupils.

Studying a text such as *Social Differences in the Classroom* (Thomas, 1965), helps the teacher derive maximum benefit from the results of a sociogram. However, preparing simple questions to ask each member of the group and plotting the responses can give the teacher adequate information. These questions may be affirmative or negative or a combination of the two and should deal with the relationships between pupils in the class.

The questions should be asked individually so that the replies remain confidential. Speaking to one student when the rest of the class is actively involved in another activity will decrease the interest of the class in looking around the group or in making signals, revealing their choices which may influence the answer of others.

The teacher must maintain an objective attitude toward the replies, encourage each child to answer each question, and yet not pressure the child or influence his reply.

Sociogram questions may be similar to the following:

1. Whom would you like to sit next to in school? (+)
2. Whom would you rather not sit near in school? (-)
3. Whom would you like for a partner in a game? (+)
4. Whom would you rather not have for a partner in a game? (-)
5. Whose home would you like to visit? (+)
6. Whom would you rather not have come to visit in your home? (-)

This set of sociogram questions concerns the students and their relationships to each other in the schoolroom during recreation or leisure time activities and at home. It is sometimes a shock for the teacher to discover a pupil who is completely rejected by the whole group, or one who is neither accepted nor rejected by any of the pupils.

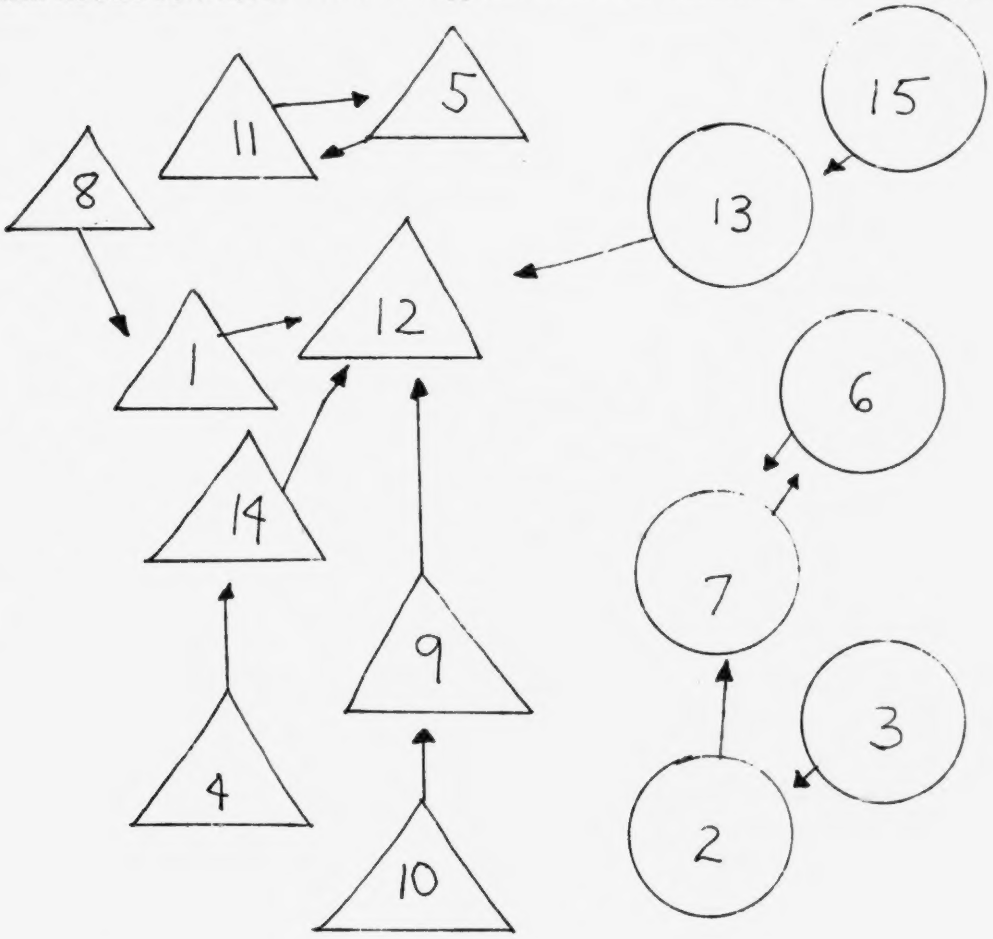
A form for recording the replies may be adapted from the roll sheet or a new form may be prepared by the teacher:

| | (+) sit | (-) sit | (+) partner | (-) partner | (+) home | (-) home |
|---|---|---|---|---|---|---|
| Joe | | | | | | |

List the pupils' names in a column. Rule six spaces after each name to record each choice. Label the columns of spaces to conform to the questions asked. As a pupil is questioned his choice is written in the corresponding column opposite his name so that each child's selection will be available for the teacher to plot.

In recording the information on final charts the teacher may number the names so that the records are kept confidential. Symbols may be used for composing the charts. A simple form is a circle for the girls and a triangle for the boys.

The chart should be numbered at the top of the page in order to identify the question from the sociogram. In other words, each of the questions is charted separately on the final form so that the direction of pupil responses and selection will not be confused. Here is a typical chart for Question 3 of the suggested list.



This sample chart pictures the responses of fifteen children in one class of educable mentally retarded children. The question, "Whom would you like for a partner in a game?" (Question No. 3). When evaluating the information, the chart or graph shows that a boy, No. 12, was chosen four times. He was the most popular of the pupils for this question. Those who chose each other, the reciprocal choices were: 5 and 11; 6 and 7;. There were "chain" choices: 8 to 1; 1 to 12; 4 to 14; 10 to 9; 9 to 12; 12 to 11; 15 to 13; 13 to 12; 3 to 2. The ones who were not chosen were 3, 4, 8, 10 and 15. This chart illustrates at least five lonely pupils in the group of fifteen, as well as indicating rivalry for the attention of pupil No. 12.

It is the teacher's job to try to understand why these pupils were accepted or rejected. The teacher needs patience and tact to bring the rejected children into the group. She must discover whether the cause of the rejection is personal hygiene, lack of skill in a game, personal appearance, mannerisms, or attitudes toward others. Whatever the cause of the rejection the teacher should help this child become acceptable.

The teacher may improve trouble spots in the classroom almost immediately by shifting the children's desks to different parts of the room. There is nothing to be gained by compelling two persons who dislike each other to sit side by side. Although children's habits are not quickly changed, they may be gradually altered by the teacher's patient, helpful direction.

The teacher may avoid trouble among the pupils by recognizing changes in group dynamics and by using guidance and selective grouping for the various lessons and activities.

*Personal and family living for the elemtary school,* a curriculum guide from the Public School System of the District of Columbia (1963) offers suggestions that can aid the teacher in helping her students develop more successful classroom relationships. These are listed below.

*The teacher attempts . . .*

To help children realize that all of us, at times, become angry, have fears about our ability, and feel utterly worthless.

To help children to recognize their inadequacies and act to elimate them, where possible.

To help children understand that certain inadequacies cannot be eliminated and must be accepted without any feelings of guilt.

To have realistic social expectations with regard to the nine- to twelve-year-old age group.

To make as much as possible of *group* or *gang* situations in learning. A characteristic of the age is to belong to a group.

To develop an understanding of the needs of the boys and girls in the class.

To help children understand their growth pattern.

To give children a sense of self-direction and self-evaluation.

To help children understand what can be reasonably expected of them.

To help children develop an awareness of the many personalities and abilities found within a group.

To help children understand that there are many factors -- physical, mental, and social characteristics -- which affect our behavior.

*The children ask . . .*

How can I overcome a feeling of being different and not belonging in the group?

How can I get others to like me and accept me in the group?

How can I keep from losing my temper so easily?

How can I overcome a fear of learning new things?

How can I learn to be a good winner and loser in games?

Why don't I like certain people?

Why do I sometimes get angry so easily?

Why can't I learn as easily as others?

Why do I have to wear eyeglasses while others do not?

Why do I have straight hair and freckles?

Why can't I always do the things I want?

Why can't I do the same things my older brothers and sisters do?

*More acceptable forms of personal behavior result when children know . . .*

There are many reasons for people acting the way they do.

Others have the same feelings and problems as we do.

We can learn to overcome our feelings or resentments; discussing them with adults or friends is one good way.

We can learn to control the expression of certain of our feelings.

We can learn to overcome some feelings by finding out what causes them and correcting the causes.

All of us are not equally good in everything. We must learn to accept our weaknesses as well as our strengths.

All people have an important contribution to make to group life.

Each one's actions affect the group in some way.

Most of us can learn to work and play well with others.

We might have friends, if we learn to be a friend.

*The teacher feels the teaching has been effective when this happens . . .*
One morning Mary confided in the teacher, "I feel so much better now because I get along better with my friends--and, with my family."

Jane admitted, "I used to cry when people corrected me. Now, I try to check on myself. If I am wrong, I don't feel badly because I know I can't be right all the time."

"Mother said that I am so helpful around the house."

"I do not fuss with my younger brothers and sisters anymore."

"I know I cannot draw as well as Joh, but I enjoy reading and social studies. I feel that all of us can't do all things equally well."

**SUGGESTIONS FOR THE TEACHER**

Use dramatization to indicate attitudes and to increase student interest in the material to be covered in future lessons. For example, the teacher suggests that several students portray incidents such as: mother, daughter and father on occasions when the daughter wishes to go to the movies with a friend; two friends playing together on the school playground when a third child approaches with a nasty comment; or a boy and a girl from class are assigned to work together on cleaning a class aquarium (or similar chore). In each case have the students continue the story. During these acting sessions, the teacher should look for indications of positive and negative attitudes, responses significant of pre-adolescence, and any expression which might indicate an individual with serious social adjustment problems, so that the teacher can construct lessons which will alleviate some of the problems and aid in forming healthier attitudes.

Discuss in both large and small groups ways to analyze a problem.

Use puppet shows to illustrate a problem and release tension.

View films in the area.

Make scrapbooks illustrating feelings.

Get other members of the group to help those in need.

Find or draw pictures showing people experiencing different emotions (Appendix I).
*A happy boy and his pet*
*An angry old witch*
*A family having fun together*
*Two children fighting over a toy*

Find and show stories, or parts of stories and poems showing how people feel when they are happy, sad, jealous, wicked, etc.

Write on a card a *feeling* situation that troubles you.

**RESOURCE MATERIALS**

*Bibliography contains complete listings of references.*

Limbacher, W. *Here I am: Dimensions of personality,* 1969.

__________. *I'm not alone: Dimensions of personality,* 1969.

*Personal and family living for the elementary school.* District of Columbia Public School System, 1963.

Thomas, R. M. *Social differences in the classroom,* 1965.

Other resources:

Appendix I -- pictures of people experiencing different emotions

Puppets

Stories, poems

# 3. ADOLESCENT PHYSICAL AND EMOTIONAL CHANGES

**SCOPE**

To help students understand that there are many normal physical and emotional changes during adolescence that prepare them to be adults.

**OBJECTIVE**

1. To list, verbally or in written form, at least four physical changes that occur in boys and those that occur in girls during adolescence.
2. The student shall make at least one contribution to a discussion about physical changes which occur to prepare adolescents to become childbearing adults.

Teachers realize that pre-adolescence and adolescence is a time when pupils are changing physically, feeling different emotionally and that it may be a time of increasing problems. Students may see and feel these changes, not realize they are normal and are occurring in varying degrees in all people their age, and not know how to handle their new emotions and body changes. One way to help the students feel more comfortable is to discuss with them the changes that are occurring, prepare them for the changes that will occur, relieve any fears they have and help them find constructive ways to handle their emotions.

**SUGGESTIONS FOR THE TEACHER**

● Show pictures of babies to the class. Discuss the obvious differences -- differences in ability and physical differences -- between the babies and the students, mentioning that all of these changes are getting them ready to be adults.

● Display illustration which shows size and shape differences between different age children (Appendix C).

● Show pictures of different sized and shaped adolescents. If the children are self-conscious, have them look at themselves and notice that they are all sizes and shapes. Was Mary shorter than John last year? Some people grow faster than others.

● Compare the girls and boys. Are there several girls who are larger than most of the boys? Usually, at this age, the girls are the larger.

Think of the adults you know. Who is taller in your family? The men are usually taller. Girls start to grow to be adults faster than boys. Boys usually catch up by the time they are older teens.

● Show baby clothes that are marked six months or three years, etc., and clothes for teenagers and adults that do not use age as a guide. Elicit from the students that baby clothes can use age as a guide because babies of one age do not vary as much in size as adolescents or adults. People are different shapes and sizes and age is not always an indication of size.

- What other physical changes do we notice when boys begin to grow toward being a man and girls toward being a woman? List on an experience chart the changes the pupils notice or feel, i.e., acne; facial hair; underarm odor; pubic hair; girls--widening hips, menstruation, breasts; boys -- lowering voice, wet dreams or nocturnal emission, broader shoulders. Use charts to show the areas of development. If the pupils mention changes such as wearing cosmetics or heels, mention that those changes occur because the pupils have made them occur. The object now is to list changes that occur naturally and which will be discussed in future lessons.

- The fact that adolescent physical problems are prevalent enough to make firms advertise their products to alleviate these conditions may be reassuring to the students. Have them collect clippings that advertise products to make physical changes easier to cope with, i.e., deodorant, dipilatories, acne soaps and cosmetics.

- Have the students bring pictures of their parents as adolescents and as adults to class. Direct the discussion to the fact that people outgrow the awkward looking years.

- Emphasize again that these changes are taking place to prepare them to be a man or a woman and ask what men and women can do that young people cannot do or what they would like to do when they become adults. Listen and discuss their thoughts. Being married and having a family will be one chosen activity. Discuss the necessity for being physically mature in order to have a family. The physical changes that are occurring get bodies ready to reproduce, ready to be men and women who are physically able to have children.

- Although the objectives of this lesson deal with physical changes and the reason for these changes, it is appropriate to discuss other ways in which adolescents become mature and prepare to become adults. They become more responsible, learn to take care of themselves, help care for younger children, hold part-time jobs, etc. An older student's interests are different, too.

- Display pictures of young children playing games or take a trip to a playground to observe these children. What games do adolescents like to play? What do older brothers and sisters like to do?

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

Gordon, S. *Facts about sex: For exceptional youth,* 1969.

*Health for all.* Book IV, Chapter 5, 1965.

Lerrigo, M. O. *What's happening to me?,* 1956.

Pattullo, A. *Puberty in the girl who is retarded,* 1969. (Especially good for trainable)

Films:

*Human growth,* Wexler Films, Los Angeles, California.
*Growing up day by day,* U-5055 (University of Iowa)
*Girl to woman and boy to man,* Wexler Films, Inc.

Filmstrips:

*Teaching good conduct and personal hygiene to retarded teenagers,* 6 filmstrips and teacher's guidebook for girls, 5 filmstrips and teacher's guidebook for boys, by Thompson, M., 1968.

Transparencies:

School Health Education Study: *Human reproduction systems*
Visual Packet No. 4362 - Progression Level 3

Other resource material:

Pictures of babies

Pictures of different sized and shaped adolescents

Baby clothes

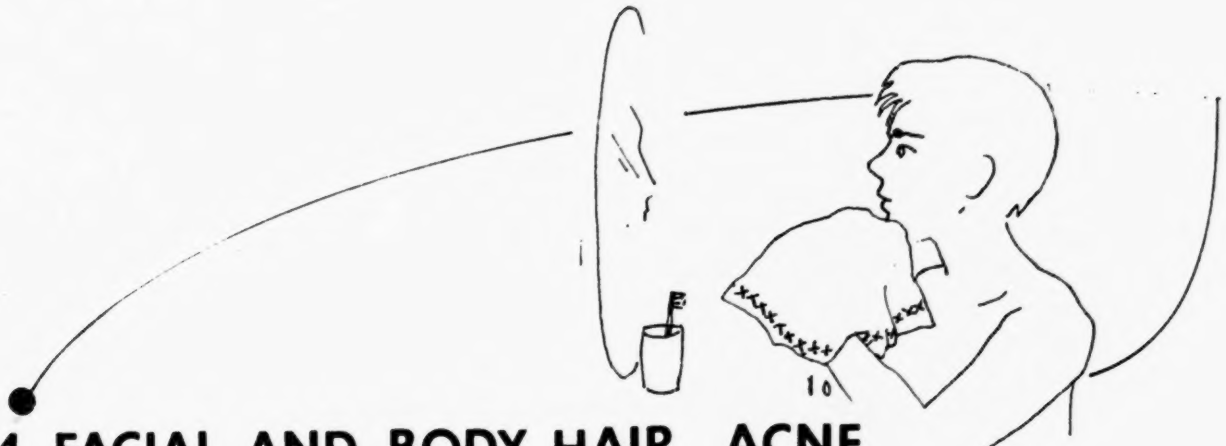
Clothes for teens and adults

Advertisements for deodorants, soaps, cosmetics

Student collected pictures of their parents as adolescents

Pictures of young children playing games

Illustrations of children of the same chronological age but of various sizes during growth *spurts.* Example: Boyer, D. & Brandt, E. *Human growth and reproduction,* 1967, p. 37.



# 4. FACIAL AND BODY HAIR, ACNE

**SCOPE**

To show that the troublesome aspects of body hair, facial hair, and acne can be lessened.

**OBJECTIVE**

1. To demonstrate their knowledge of the problem of hair growth, by discussing the problem in class and determining for themselves whether or not shaving will make them feel more comfortable or look better. Each pupil shall make at least one contribution to this discussion.
2. To demonstrate knowledge of the problems of perspiration odors and acne by making at least one verbal contribution about how they can cope with these problems.

**SUGGESTIONS FOR THE TEACHER**

● Discuss the growth of body and facial hair. One of the first outward signs of growing up is new hair on the face and body. It is most noticeable on boys who begin to have hair on the upper lip and around the chin. Just as the height and weight of an adolescent varies from individual to individual, so the time and speed of other growth characteristics vary. The time that facial hair occurs, the amount and the color differs in each person. One boy may need to shave when he is 13 years old, whereas another boy may not need to shave until he is 17 or 18 years old.

Hair grows in other areas, too - on a boy's chest, on legs, the pubic region and under the arms. Although the body perspires all over, underarm perspiration and body odors increase during adolescense. Using a deodorant under the arms can help lessen the odors and minimize one of the sources of discomfort for the adolescent.

● Show samples of deodorant in different forms: cream, roll-on, and spray. Allow the students to use the products.

The girls in the class may feel self-conscious about hair growing under their arms and on their legs. Mentioning that many people use depilatories or shave these areas, again shows the student that some of their problems can be lessened.

● Another problem of the adolescent is oily skin which can cause pimples or acne on the back, shoulders, and face. The most effective treatment for this condition, if it is severe, is for the student to see a dermatologist. However, washing often with soap and water and rinsing carefully will lessen the chance for infection. The hair should be shampooed as frequently as necessary to keep it clean. If the hair is oily it can be shampooed every day. Eating a well-balanced diet without too many oily foods like french fries and potato chips, or too many sweets aid the general health of the students. There are commercial preparations that cover some of the pimples to make a girl less self-conscious but they should be used cautiously. Some cosmetics can complicate rather than help the problem. Remind the class that pimples should not be squeezed or broken, as handling often causes them to become sore and to leave scars.

- Demonstrate the use of one of the covering cosmetics.

Have each student with a skin problem make a check list of things to do for a clearer skin:

*How to Wash My Face*
Wash hands with soap and water.
Rinse hands.
Rub soapy hands on face, around the nose and around the hair.
Rinse hands.
Splash lots of water on the face.

- Invite a skin specialist to speak to the class.

**RESOURCE MATERIALS**

Deodorant in different forms: roll, spray, cream.

Medicated coverups for pimples.

# 5. REPRODUCTIVE ORGANS

**SCOPE**

To show that reproductive organs change to enable boys and girls to become parents.

**OBJECTIVE**

Using illustrations, the student shall correctly name and point to the male and female reproductive organs.

**SUGGESTIONS FOR THE TEACHER**

● Elicit from the class the changes that occur in the maturing body in order to prepare them for parenthood. Use illustrations in Appendix C, the 3M transparencies, a model, or your own drawings to look at and point to when discussing these changes. Link the appropriate ones to the reproductive function: the girl's breasts grow so that she can feed a child; her hips widen to make room for the child's growing inside her body (uterus or womb); she starts to menstruate, which indicates that her uterus is preparing for the fertilized egg. The boy's penis gets larger and his testicles, the parts which are like little sacks hanging behind the penis, grow in size so that there is room for the sperm, the male sex cells needed to fertilize the eggs and start a baby.

Show the transparency which depicts the vagina as the passage way in which the penis deposits its sperm. The male's sex organs are outside the body. Some of the female's organs are inside the body (ovaries, uterus). A man's body and a woman's body are made to go together. The man can place his penis in the woman's vagina and might leave sperm which penetrates the egg and starts a baby. This is called intercourse. When two people love each other these actions are very special and pleasant.

● Indicate all body parts on a chart or drawing, especially when discussing these unseen organs.

The eggs grow in a girl in the ovaries. After a girl is ten years old and usually before she is sixteen, she starts developing an egg about once a month. The egg develops in one of the ovaries and travels down the tube to the uterus. The uterus has built up a thick lining with many blood vessels to nourish a fertilized egg so a baby can grow. If the egg gets to the uterus without meeting a sperm cell and is therefore not fertilized there will not be a baby. The unfertilized egg and the special lining with the blood vessels come out of the uterus through the vagina to the outside. This is called menstruation. It takes from three to five days for all this matter to come out. Then the lining starts to build up again waiting for the egg to be fertilized or to come out as menstruation. It is another sign of growing up, like facial hair, size, etc. When a girl menstruates or has her period, she has to use a pad called a sanitary napkin to catch the bloody lining and keep her clothes from getting spotted.

- Have a separate lesson for girls on how to care for themselves during this time. It would be embarrassing and irrelevant for boys to be present, but offer to answer any questions the boys have about menstruation.

- Leave models, charts and books around the room so that the students can look at them on their own, and possibly come up with questions to help them in their understanding of this area.

**RESOURCE MATERIALS**

*Bibliography contains complete listings.*

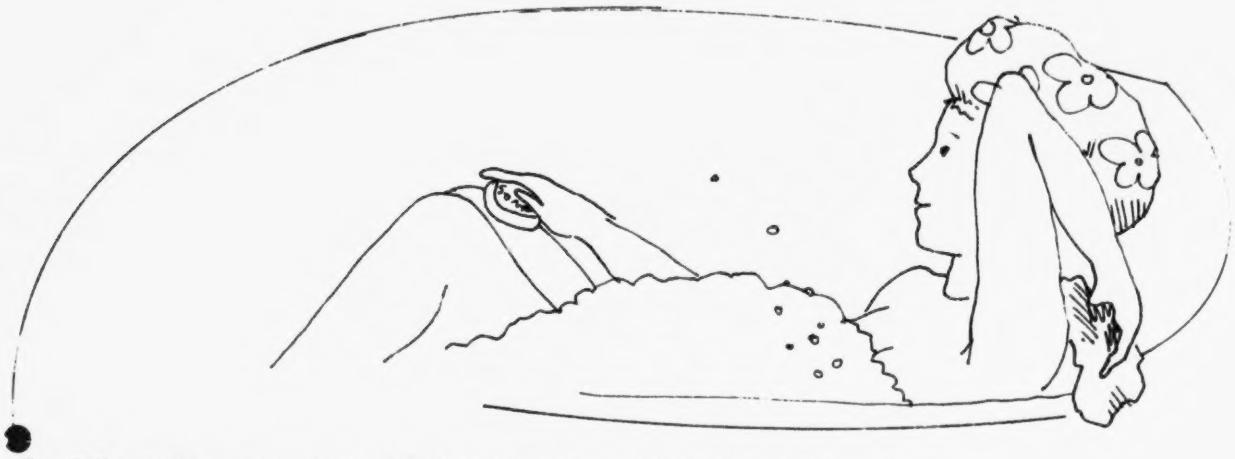
Bergstrom-Walan, M. *Boys and girls growing up,* 1967.

Evans, E. K. *The beginning of life: How babies are born,* 1969.

Transparencies:
School Health Education Study: *Human reproduction systems*
Visual Packet No. 4362 - Progression Level 3

Educational Material on Menstruation:
Tampax free materials: P.O. Box 271, Palmer, Mass. 01069.
*Very personally yours,* Kimberly Clark, The Life Cycle Center Corp., Neenah, Wisconsin

Plastic model:
The Visible Woman, Renwal Company, Mineola, New York



# 6. MENSTRUAL HYGIENE FOR GIRLS

**SCOPE**

To instruct girls in positive attitudes toward menstruation and to teach them how to use a sanitary napkin and belt.

**OBJECTIVE**

Each girl shall demonstrate her ability to place and use a sanitary belt and napkin.

**SUGGESTIONS FOR THE TEACHER**

This material is presented only to girls, since at this age the information does not pertain to boys. However, the knowledge of a girl's possible problems can help make more understanding dates and husbands. The effects that menstruation has on girls: such as tiredness and sensitivity, is therefore relevant to older boys.

Since adolescents are interested in the reaction of their peer group, it is suggested that teachers instruct groups rather than individuals.

●Talk about how special menstruation is to a girl; only a girl's body can produce a baby! Menstruation is the signal that the girl's body is getting ready to be able to have a child. Answer any questions the girls have about menstruation.

The following points should be included:

- Menstruation is often called being "unwell," or "the curse." These terms indicate that menstruation or a period is a sickness. It is not. Menstruation is a sign of health.

- The girl may not feel as well as she usually does at this time. She might be tired, have a backache or cramps, or a light pain in the stomach. If the girl gets enough rest, eats the correct foods, and has regular bowel movements, her unpleasant symptoms will be lessened. Some girls have the blues, may cry easily, or have their feelings hurt more often than usual during the time they're menstruating. Knowing that these feelings may occur can help the girl realize that these feelings are normal; other girls feel them too.

- There is no reason for a girl to change her way of life when she has a period. For other peoples' comfort, the girl should not swim in a pool unless she is wearing a tampon.

●Show the girls sanitary napkins in two or three different brands to familiarize them with different packaging.

● Discuss where the girls or their mothers may buy these napkins: grocery store, drug store, 5 & 10 cent stores, etc. and that it is a good idea to have a box of napkins ready for them to use when they get their first period. They will recognize that their period is beginning when they see a red stain on their panties or pajamas, or perhaps notice some blood when they use the toilet. Then it is time to use a sanitary napkin and belt.

● Take a trip to a girl's restroom which contains a commercial dispenser for sanitary napkins. Have enough correct change for each girl to use the machine and get a napkin. Show the girls where they can place the soiled napkin. Never flush it down a toilet. At home the girl should roll the soiled napkin in a ball, and wrap it in tissue or newspaper before putting it in the garbage.

● Ask for a volunteer to demonstrate the placement of the napkin and the method of hooking it to the belt. Demonstrate and explain the process with the volunteer. Have the girls use the napkins from the dispenser or pass out napkins and belts and have the girls practice hooking the pads themselves.

Place the belt around the waist with one hook in the front; the other will be in the back. Place the napkin between the legs, short end in front, close under the vagina, tightly against the vulva, to catch the blood. Put the short end of the napkin securely in the front belt hook. Put the long end tightly in the back hook. Some girls find it easier to put the belt on backwards, hooking the long end to the back hook and then slipping the belt and pad around to the back, placing the pad between the legs from the back and then putting the short end in the front hook. A girl who has trouble remembering the steps necessary for using a belt, or one who does not have the coordination, might be able to care for herself if she had a sanitary panty or shield where the napkin is slipped under elastic loops.

The pads should be changed approximately every four hours. When a girl is having her period she should put a clean pad on before coming to school, change during the lunch hour, change after school and before going to bed.

It is necessary to be extra careful about being clean when a person is menstruating. The waste blood does begin to have an odor which the girl and others notice. A bath or a shower every day helps, as does washing away the dried blood when the pad is changed, and washing the hands each time the pad is changed. (Remember not to wear a pad in the tub and to put on a clean one after the bath.)

● The most difficult aspect of menstruating for the retarded girl is knowing when to expect her period after she has had the first one. If there are girls in the class who have begun to menstruate, it is helpful to assist them in estimating their next period. Help them count the days on a calendar and assure them that variations are normal.

A girl usually has a menstrual period once a month. The time between the day one period starts and another begins may be 18 days or it may be 35 days or more. It is often different for different girls. When a girl first starts to menstruate, her period may come again in 18 days, then skip a month. It may come at different times until her body gets used to the changes. However, if she keeps a calendar marked with the days of her period her own individual pattern will emerge and she'll be able to anticipate the next period. Give the girls a commercial booklet with a calendar for marking periods. Help each girl keep track of the days between the beginnings of her menstrual periods. Count whatever the usual number seems to be and mark an X on the calendar. If a girl looks at her calendar frequently and knows when her period is about to start, she can carry her belt and pad with her for a few days before her period is due. Being prepared will help her avoid being embarrassed by a stain or being uncomfortable in wet panties. Show a napkin holder which can be used to keep the pads she carries with her clean and unobtrusive.

The ease and comfort of a tampon and its lack of bulk can alleviate much of the negative attitude and possible embarrassment many girls experience when using sanitary pads. A retarded girl's inability to position the tampon correctly or her forgetting that she has a tampon inserted in her body are the only reasons for not using them. If the girl can handle those problems, a teacher may consider instructing the girl on the use of a tampon.

**RESOURCE MATERIALS**

Educational Material on Menstruation:
- Tampax free materials: P.O. Box 271, Palmer, Mass. 01069
- Kimberly Clark Corp, The Life-Cycle Center, Neenah, Wisconsin 54956 (booklet and instructional aids)
- Personal Products Company, Director of Consumer Education, Box 6, Milltown, New Jersey 08850, *Growing up and liking it,* record, adaptation of booklet, loan or sale $6.00, demonstration kit for special education classes -- sanitary panties, shields, $3.50 or included in price of record, complete portfolio on feminine hygiene -- booklets, anatomical chart, order forms for record, films and kits, free.

# 7. SEXUAL FEELINGS AND MASTURBATION

**SCOPE**

To show that sexual feelings are another normal adolescent change.

**OBJECTIVE**

The students shall participate in a discussion of the meaning of masturbation and wet dreams, and discuss masturbation as one form of releasing sexual feelings and tensions.

**SUGGESTIONS FOR THE TEACHER**

The physical changes discussed previously cause changes in the young teen's feelings or emotions. Some of these feelings become stronger because of the changes in the sex organs. A girl spends time thinking about boys and feeling romantic and loving. A boy day dreams about girls. His penis becomes hard or erect and he feels excited. These are sexual feelings. Sometimes when a boy is reluctant to stand in class or go to the front of the room it is because he has an erection.

Sometimes a boy will have an erection with an ejaculation of semen while he is asleep. It is called a nocturnal emission or wet dream. The boy wakes up and finds his bed wet with semen, the liquid from the penis that carries the sperm.

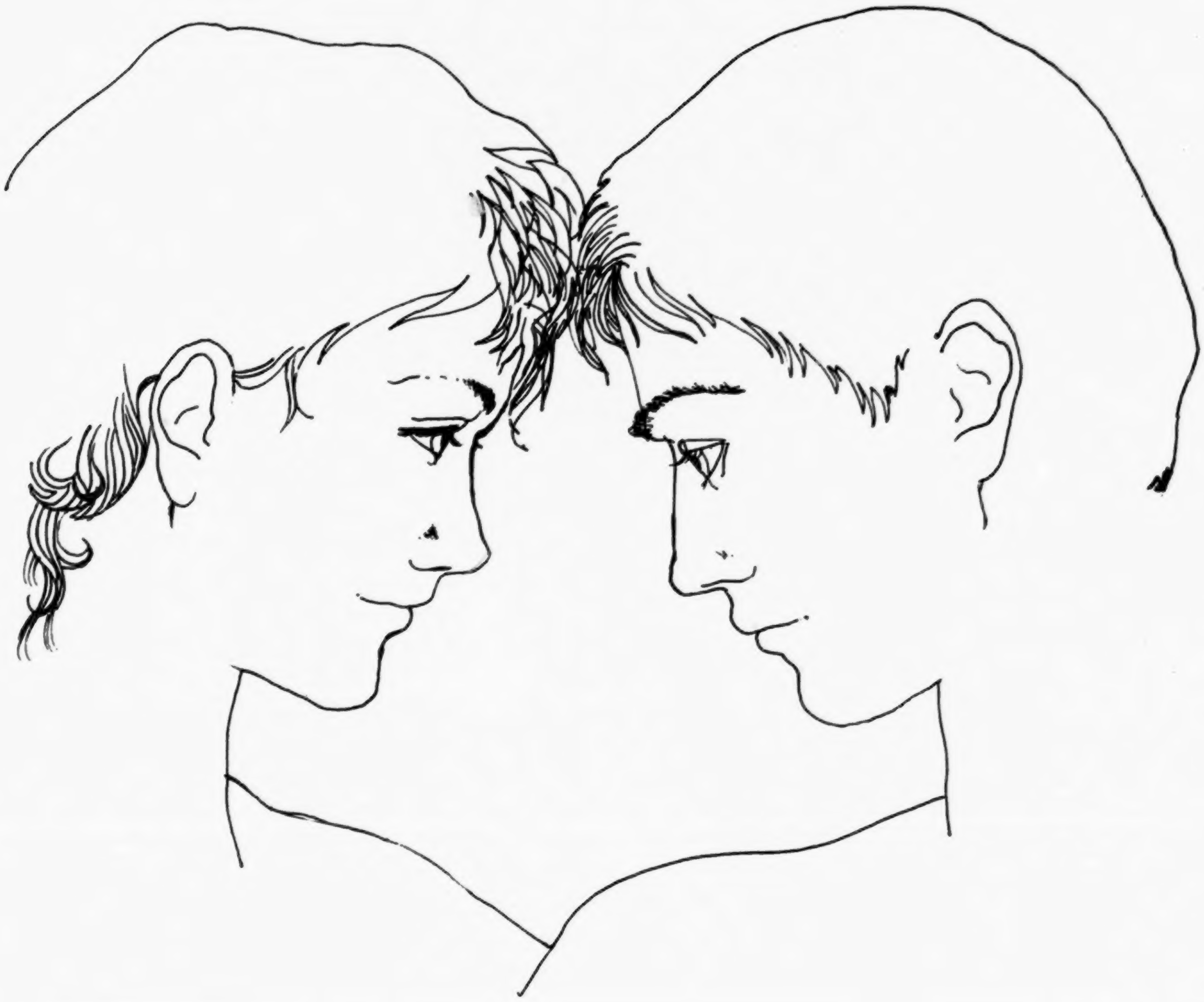
When a boy becomes sexually excited, his penis may become full and he may be uncomfortable because the sperm needs to come out. The boy can cause the sperm to spill out by rubbing his penis. This is called masturbation. A girl masturbates by rubbing her organs -- vagina, including the clitoris. A boy or girl often feels embarrassed or ashamed of his masturbating until he learns that others have masturbated, too, and that masturbating in and of itself is not harmful. Most people do not masturbate around other people. Some adults get upset when they see youngsters masturbating.

●The teacher should prepare herself to understand and discuss popular terms for masturbation.

●Explain to the class that a person may feel like masturbating for several reasons: When he becomes sexually excited, when he is bored, or when he is nervous. Sometimes masturbating in private helps the teen release sexual tension and therefore feel more comfortable. The younger child's masturbating may be a reflection of the acceptance of his body as a source of pleasure. Sometimes it is better to substitute other activities for masturbation. If a person is bored, give him something interesting to do. A rhythmic substitute is sometimes acceptable, i.e., rocking chair, work bench and saw, or see saw.

● A teenager has to learn to control his sexual feelings and not act on them just as he may have many other thoughts he learns not to act out. Discuss some of these situations, for instance, anger, and the desire to hit or kill someone. A two-year-old may hit a playmate; a teenager has learned to control himself and usually does not hit.

If a child is a compulsive masturbator and has other problems, extreme shyness, overly aggressive, etc., he probably needs psychiatric help. In other cases, the teacher should just try to keep the child's masturbation private, rather than eliminate or prevent it and should by her attitude alleviate the youngster's feelings of guilt or shame. It is the conflict that the guilt feelings produce that causes harm, not the act of masturbating.



# ADVANCED LEVEL

# ADVANCED LEVEL

In adolescence, the fantasies of childhood are replaced by the very real possibilities of adult life. The educable mentally retarded has special problems. Will he be able to function as an adult? Will this person be able to find and keep a job? support a marriage? care for a family? Most of the educables will become part of the community. Will they be adjusted and functioning members of this community? Hutt & Gibby (1965) state:

> The gap between the retarded child and other children of his own age widens during puberty and is more and more evident both to others and to *himself*. He is less able to interact socially with children of his own age group, he is not a part of their closely-knit interest groups, and he is, in general, not accepted by them. They go on to high school, with its plethora of activities, while *he* remains behind. The children of more average intelligence are concerned, during puberty, with their future life plans and vocational goals, while the retarded child is still struggling to master the rudiments of social adjustment. In academic areas the differences between others and himself are now very pronounced and quite obvious to all. Younger siblings have begun to "catch up" or pass him in school, and this creates additional emotional burdens for him. He sees himself more and more as a defective person, and his self-concept of being worthless and unfavorably unique is reinforced . . . .
>
> In puberty the retardate tends to be subjected to overt rejection on all sides -- by social institutions, by the family, by neighbors, and by other children. There is scarcely a single area in which rejection is not pronounced. Friendships, especially with children of the opposite sex, are difficult to establish, and the lack of heterosexual relationships makes the task of dealing with his increased sexual drives more difficult for him to handle. He usually does not have a "girl friend," and therefore meets further frustration in dealing with his sexual drives. There are fewer parties, dances, "swing" sessions, shows, or "dates" to provide the normal outlets for his needs. Unless he is indeed fortunate, he is relegated to the category of undesirable, to the portion of humanity that is shunned and is better off (from the standpoint of the rest of society) when not seen or recognized. Adolescents are ruthless when they deal with deviants of even normal intelligence in their own group -- they are (partly due to projection of and reaction formation to their own fears) even more so in their treatment of the mentally retarded child. They simply do not want him "cluttering up" their activities. At best, he is ignored.

The way a student has been treated, his successes and failures, plays a part in the development of his personality. The retarded teenager has probably had more than his share of failures and rejections when he compares himself to a student from a normal classroom. The teacher of the retarded needs to pay special attention to assessing the kinds of activities in which each child can be competent and achieve and must make an effort to capitalize on these strengths.

A person's fears and anxieties concerning his adequacy as a human being may lead to an increase in sexual activities, i.e., masturbation, sexual fantasies, or intercourse. A girl or boy may not be able to achieve in school, but they can have sexual intercourse and they can produce a baby. Having sexual intercourse may be construed by the retarded teenager as an achievement physically and socially. Sexual intercourse is a physical, emotional, and social form of communication and gives at least temporary relief from loneliness.

The retarded child may not adequately understand the possible consequences of intercourse, i.e., pregnancy or venereal disease. Therefore, in order to avoid the undesirable consequences, it is especially important for him to have information about sexual activities that he can understand. This document contains some understandable information pertaining to sex. Many boys may not know what a penis or intercourse is but they seem to know the slang equivalents. Slang is appropriate for a teacher to consider. It is appropriate to consider using slang with an individual to help him understand, to help you both to communicate, but not for shocking him or for proving to him that you are a pal.

Along with problems of lack of information and the ability to apply the information, the retarded teenager has special problems of social adjustment which occur partly because of the attitudes of others toward him. Therefore, the teacher needs to help her students achieve effective relationships with their peers and others with whom they come in contact. This document should be an aid to the teacher in this area also.

The advanced level may be the final phase of formal education for the retarded individual. It may be the last period of time in which a teacher is able to help her students learn and practice the academic and social skills they need to be independent and functioning members of their communities. It may be the last time a teacher has the opportunity to clear up a student's misconceptions or misinformation. It may be the last chance a teacher has to help the student explore and question the behavior and values of his peers, his parents and society, and in this way develop his own set of values and code of behavior.

In her eagerness to help a student learn all the necessary information, the teacher may adopt a lecturing method of teaching, imparting facts, morals and attitudes the quickest way she can. However, the mere imparting of information does not insure the learning or the using of it. In fact, lecturing and moralizing are sure ways to turn people off, particularly the teenager who is looking for a basis of mutual respect with adults. The teenager, as well as the younger student, needs more than listening to information if he is to learn. He needs to be involved in the learning process, by seeking, collecting, sorting, and using data. He needs to be able to practice these skills and to discuss them with the teacher.

Although the adolescent often loses interest in education, he is still interested in himself and the opposite sex. The teacher will not have a problem in trying to motivate a student to be interested in sex education and his relationships to others. To have a successful program the teacher needs to shift the emphasis from her feelings of what a student should know to what a student wants to know, helping him find answers when he wants them. Some ways of getting the student involved in pupil-to-pupil interaction, activities, discussion and evaluation of possible solutions to the problems of sex and attitudes are:

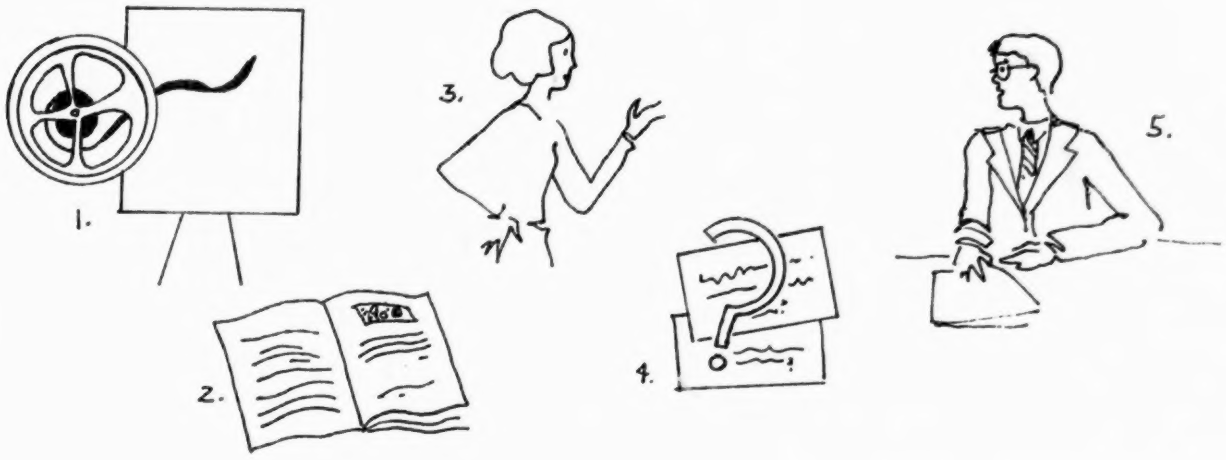
1. Through the use of audio-visual aids, (films, filmstrips, sound tapes, pictures) to introduce certain topics for discussion, ideally to help the candid teacher rather than as a substitute for her.

2. Through the use of stories or case studies from popular magazines as a basis for group discussion or role playing.

3. Through the use of role playing to help the student be actively involved in the learning process while he is gathering and interpreting knowledge. Role playing helps those involved gain insight into and understanding of the behavior of others. It gives the student, particularly the retarded, the needed chance to explore and practice situations before he is really in them.

4. Through the use of questions that students have put in a question box to start a discussion, the student avoids having to show his ignorance and also provides the teacher with the questions the student wants answered. (The questions will show that teenagers are usually more interested in what happens before the sperm enters the vagina than in what happens after.)

5. Through the use of guest speakers, nurse, doctor, etc., to answer questions and offer the students another point of view.



Finally, in order to understand the adolescent today, the teacher has to accept the adolescent's trend toward judging a person's behavior by its effect. Some teachers might consider this flexible scale of judgment of behavior a poor substitute for a more dogmatic system of ethics. However, the adolescent's way of looking at life needs to be perceived by the teacher who wants to be effective.

# 1. PERSONALITY

**SCOPE**

To show that the personality is the sum of every quality an individual has.

**OBJECTIVE**

The pupils shall present verbally in class discussion or in private consultation with the teacher a realistic self-image in which he shall include his personality strengths, weaknesses and preferences in the physical, intellectual, and interpersonal areas.

**SUGGESTIONS FOR THE TEACHER**

● Show three or four pictures of teenagers in different kinds of clothing (jeans or a suit, minis, maxis, or formal wear), wearing different expressions and in different body postures, i.e., an unsmiling boy in jeans with a cigarette, leaning against a building. Ask the class questions such as: What do you think this young man would like to do if he had a choice? Would he like to go to the movies, race a car, take a girl on a date or read a book? What is his favorite TV program, his hobby, the job he would like, his favorite foods?

Discuss with the class the idea that a person's body and what he does with it, the way he walks and looks, his likes, dislikes, fears, interests, desires, how he thinks, the way he gets along with others or how he seems to himself, how he wants others to see him, and how other people really see him, make up a personality.

● Have the student describe an ideal friend and discuss the description.

● Divide the class into two groups. Instruct one group to discuss and list five things to do to be a friend. Instruct the other group to discuss and list five things to expect from a friend. Some adjectives that might be used are: loyal, generous, considerate, trustworthy or sincere.

● Think about and discuss friendships.

Do you really like your friends?
Are you happy when they do well?
Do you feel that you are better than your friends?
Do you defend your friend?
Do you try to help your friend when he is in trouble?
Do you keep secrets?
Do you respect your friend's beliefs?
Do you keep your promises?
Do you sincerely apologize when you've made a mistake?
Do you do kind things?

Would you like to have more friends?
Do you want to work at keeping old friends and making new ones?

- Tape record several voices, i.e., pleasant, harsh, angry, laughing, fearful or loud. Have the class react to the voices. How do the voices make them feel?

- Tape record the voices of the students. How do their voices sound to themselves and others?

- Have a full length mirror in the class so the students see themselves at different times as others see them.

- Role play two boys who know each other passing on a crowded street.

  One boy smiles and says, "Hi."
  The second boy grunts.
  The first boy smiles and says, "Hi."
  The second boy looks away.

  What reaction might the second boy have in each situation? How do you feel when someone is friendly, when someone snubs you, etc.? How can you tell when someone is pleased to see you? You can tell by the expression on a face, the voice or the friendliness of manner.

- Instruct the students to take notes (during one half day) on the reactions that others have toward them upon meeting. Discuss how you can tell when someone likes you and what you do to show others you like them, i.e., stay near, pay attention, look with a pleased expression or try to attract your attention.

- Help the student become aware of his body by having him list all the parts of his body he can move, by feeling his heart or taking his pulse after running and after resting, by having tasting, smelling and touching parties. Serve bites of familiar and unfamiliar foods and have the student note his likes and dislikes. Have a smelling session with objects and provide items like soap, vinegar, moth flakes, perfume. Have a touching session with objects like a sponge, flour, sand, cotton, velvet or marbles. As a culminating activity, have each student make a booklet or folder and include some of the smells, tastes, and touches he prefers, the traits he likes in a friend, a description of his best friend, his own best traits, three ways in which he is different from his friend, a description of his physical characteristics, what he does in his spare time, a description of his best day and his worst day, and a list of his wishes for the future.

- Self-evaluation chart. Read the questions aloud and have each student answer yes or no on his own sheet. After marking the sheet the student can note his five best traits and the five areas in which he would like to improve. Arrange a conference with the student to support his strengths and discuss ways in which he can improve his weaknesses.

1. I budget my time and energy.
2. I pay attention in class.
3. I set a time for study and don't do other things at that time.
4. My homework is neat, well-done, in on time.
5. If something upsets me very much, I do not go all to pieces.

6. I daydream a lot.
7. I do things because I think they are right, not because of the way I feel.
8. I do things for myself and do not think my parents should do them for me.
9. I feel I am an important person in this world.
10. I talk over my problems with someone I trust.
11. I have friends I do things with.
12. I make new friends but keep the old friends.
13. I do not try to hurt people's feelings.
14. I try to make others feel good.
15. I join in the fun.
16. I enjoy seeing other people be popular.
17. I have good table manners.
18. I keep my voice low and pleasing.
19. I am polite.
20. I am careful with things that belong to other people.
21. I know when, where, and how to chew gum.
22. I am a good listener.
23. I can disagree without getting into a fuss or a fight.
24. I don't brag.
25. I take part in a club or church group.
26. I am not bossy when I help.
27. I have a hobby.
28. I take part in sports.
29. I do not always think I am right.
30. I talk a lot.
31. I give other people a chance to say how they feel.
32. I can take changes and still be happy.
33. I do not get moody if I lose an argument.
34. I laugh a lot.

**RESOURCE MATERIALS**

Bauer, W. W. *Advancing in health,* 1963.

__________. *Growing and changing,* 1963.

__________. *Health and safety,* 1966.

Clayton, N. *Young living,* 1963.

Craig, H. T. *Threshold to adult living,* 1962.

Dare, B. F. & Wolfe, E. J. *Taking stock; You and they,* 1966.

English, O. S. *Emotional problems of growing up,* 1951.

*Foundations for fitness.* Dimensions in Health Series, Lyons & Carnahan, 1967.

Gallagher, J. R. *Health for life,* n.d.

Hutt, M. L. & Gibby, R. G. *The mentally retarded child: Development, education and treatment,* 1965.

Killander, H. F. *Sex education in the schools? A study of objectives, content, methods, materials and evaluation,* 1970.

Lawrence, T. B. *Your health and safety,* n.d.

Menninger, W. C. *All about you,* 1955.

Turner, R. H. *The person you are; the family you belong to; the friends you make;* 1962.

Wrenn, G. C. *Building self-confidence,* 1948.

Other resources:

Pictures of teenagers in different poses and clothing.
Tape recordings of voices.
Mirror
Bites of food
Soap, vinegar, moth flakes, perfume
Sponge, flour, sand, cotton, velvet, marbles

## 2. FEELINGS AND EMOTIONS

**SCOPE**

To examine feelings , emotions and needs as they relate to other people.

**OBJECTIVE**

Pupils shall discuss and role play situations that show that they can separate physical from emotional needs, recognize personal needs and feelings and relate these to the effect they have upon others.

All people have emotional needs that must be met for their social and emotional adjustment to life. It is necessary for students to be aware of their needs as well as the ways they have for meeting these needs. The way needs are fulfilled affects relationships with others in that people are affected by the things that they do and the ways others behave.

Needs can be met in either constructive or destructive ways. If they are handled constructively they benefit all those involved directly or indirectly. If they are handled destructively they can adversely affect all those concerned. If pupils are aware of their own basic needs and the ways of fulfilling these needs, they will become more understanding and aware of the needs of others.

**SUGGESTIONS FOR THE TEACHER**

● Prepare a display table of various items. Have the pupils pick out and list those things which they consider absolutely essential for physical life, i.e.,

candy
water
chewing gum
bread
articles of clothing
pillow
comb
toothpaste
book

When the pupils have reduced the list to the absolute minimum, ask them if they would be content to survive with just these things. Why? Ask the students which things on the table they would like to have, i.e., candy, gum. Although man actually needs few things for survival the extras make life more pleasing and enjoyable. These extras can be physical objects such as a television, a car, nice clothes, a home, or they can be things that meet man's emotional needs.

Relate this motivational device to the fact that man can survive with relatively little from the physical world, but these few physical things alone do not make a person happy or life meaningful. Man also has emotional needs or feelings which must be recognized and satisfied. Discuss with the pupils some of the non-physical or emotional needs all people have, i.e., need to give and receive love, need to understand and be understood, need to achieve, need to gain recognition.

Set up a room display using pictures the pupils have taken from magazines. One section can be entitled *Man's Physical Needs* and can show people involved in eating, drinking, sleeping, exercising. The other section can be entitled *Man's Emotional Needs* and can show pictures of people giving or receiving love, working, playing, making things, teaching, learning.

- Have the pupils list some specific needs that they might have along with the ways they have found of meeting these needs.

*Need to show love/affection*
Caring for pets
Caring for younger siblings
Babysitting
Volunteer work at local hospital or home
Gift giving
Letter writing
Doing special chores

*Need to achieve or accomplish*
School achievement
Working on a 4-H project
Building a model
Excelling in a sport

*Need to understand*
Read newspapers or magazines
Listen to radio
Watch T.V.
Go to movies
Watch or get to know people

- Give pupils situations to discuss and have them evaluate the ways in which other people might fulfill specific needs. They should tell whether they think the way of meeting the need is constructive or destructive and why. Encourage them to discuss how their actions might effect others.

Mr. Casey had a rough time as a child. His mother died when he was very young and his father had to work hard in order to keep the family together. During his childhood Mr. Casey had worked at anything and everything in order to earn money and try to better himself. When he graduated from high school he started a small insurance business and soon became quite successful. Mr. Casey married his high school girl friend and in a few years became the father of two children. The insurance business became more and more successful. Mr. Casey promised himself that he would have all the things he lacked as a child. He bought a new house, a sports car for himself, all new wardrobes for his family, took several expensive vacations a year, etc. Mrs. Casey became concerned about how they would manage if Mr. Casey got sick, or if they had a fire or some other unexpected expense. He never put any money away in a savings account. He spent everything he made on things that he could enjoy or show off. Mr. & Mrs. Casey began arguing about money. When they argued, he would go out and buy her a new dress or piece of furniture. This would make her furious and they would argue again.

1. *What need was Mr. Casey meeting by making and spending lots of money?*
2. *Can you understand why Mr. Casey felt he had to make and spend all his money?*
3. *Do you think Mr. Casey was meeting his needs in a good or bad way? Why?*
4. *Did Mr. Casey's behavior effect others? How? Why?*
5. *How might Mr. Casey have met his needs in a more acceptable way?*

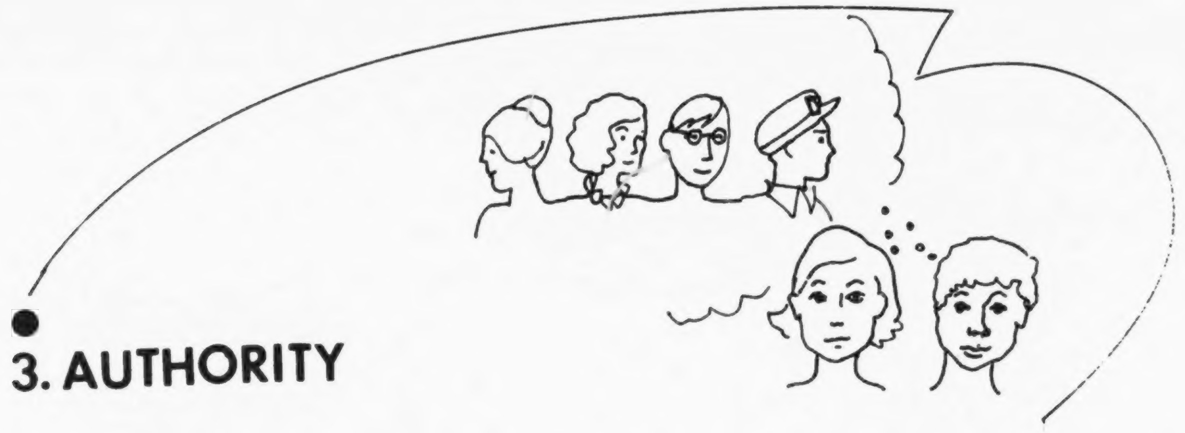
- An important aspect of understanding feelings or emotions involves an empathy for the feelings of others, being able to recognize and understand the other person's point of view. Have students role play conflict situations, taking the role opposite to the one they favor.

A mother insists her daughter be in at midnight on a Saturday night date --Although a student sides with the daughter, have her defend the mother's point of view in an argument. This enables the students to see some valid arguments on or for the other side.

**RESOURCE MATERIALS**

Candy, water, gum, bread, pillow, clothing, comb, toothpaste, book.

Pictures from magazines depicting emotional and physical needs.



# 3. AUTHORITY

**SCOPE**

To understand that both outside authority and self-control are necessary.

**OBJECTIVE**

1. The student shall list at least four authority figures and state at least one reason why these people have authority.
2. The student shall make rules concerning classroom conduct and use the rules to govern themselves.

An extended program in attitudes, family life and sex education, includes all the relationships people have with each other, not only the relationships between contemporaries of the opposite sex. A person's personality is influenced by all of these relationships. Teenagers are trying to find new behavior patterns acceptable both to them and to adults, while their new experiences in being independent produce conflicts with adults. How can these conflicts be resolved? It is not desirable for adults to abdicate their responsibilities in order to lessen this conflict. It is necessary and desirable for adults to possess authority by virtue of their greater knowledge and ability to reason rather than by the fact of their greater age, social position or physical strength.

**SUGGESTIONS FOR THE TEACHER**

- Show or draw pictures of authority figures, i.e., mother, father, policeman, fireman, teacher, lifeguard, babysitter. Discuss how these people help children and have the students give examples of authority figures or bosses.
- What happens when there is no referee or umpire at a game? What happens if there is no teacher in a class? Is it a good idea to have someone controlling you all the time? Will there always be someone around to tell you what to do? Will what other people tell you always be correct for you? Elicit that it is important for people to learn to control and to govern themselves.
- Set up rules and procedures with the students, to help the class run more efficiently and effectively. Leave the students alone and unsupervised occasionally to give them a chance to practice standards they have set for governing themselves. (It is probably necessary to discuss with the principal the feasibility of leaving the class.)
- List what authority figures do for teenagers. What can teens do for authority figures, parents?

- Make a chart of the qualities of a good family member.
- List the advantages and disadvantages of brothers and sisters.

**RESOURCE MATERIALS**

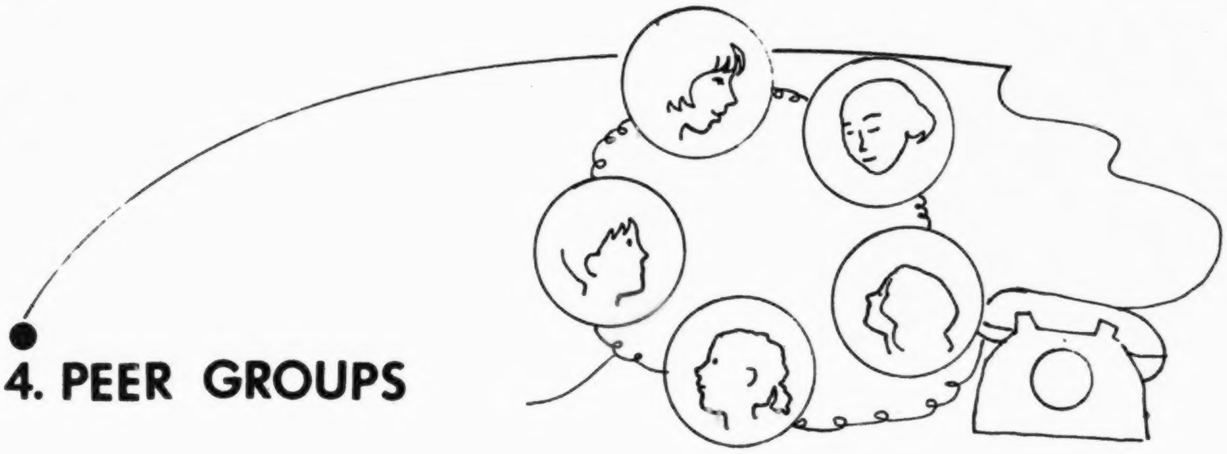
*Bibliography contains complete listing of references.*

Bauer, W. W. *The new health & safety,* 1966.

Gremenach, S. W. & Ojeman, R. H. *A teaching program in human behavior and mental health,* 1964.

Remmers, H. H. *Let's listen to youth,* 1950.

Other resources:
Pictures of authority figures



# 4. PEER GROUPS

**SCOPE**

To help the student enjoy his association with his peers and to help him avoid potentially dangerous situations.

**OBJECTIVES**

1. Each student shall select from pictures or verbally describe the type of clothing and grooming that makes him feel comfortable.
2. Each pupil shall verbally list at least three group activities which he should avoid because of their inherent dangers.
3. The pupil shall verbalize at least three situations when conformity to a group's activities would be acceptable.
4. In a real or socio-drama situation each pupil shall invite a friend or classmate to join him in some social activity.

The teacher who helps her educable mentally retarded student see himself realistically builds on his strengths and gives him experience in social situations, helps the student out of his traditional role as the isolate or the butt of his peer's jokes.

The retarded individual is eager to please and wants to be accepted. In order to be part of a group he may go along with potentially dangerous or illegal behavior, i.e., reckless driving, stealing, and drug experimentation. The other individuals in the group may get away with this behavior but the retarded, because of his slow reaction time or his lack of perception of danger, often gets caught. In fact, he may be used by others to his own detriment.

**SUGGESTIONS FOR THE TEACHER**

● Discuss fads, conformity and group influence. Is it always a good idea to agree with and go along with other people your age? with adults?

● List examples of individuals who thought and acted differently from most of the people around them, i.e., Jesus, Columbus, Martin Luther King, Malcolm X, Joan Baez, Dr. Spock.

● Discuss current groups or individuals which don't want to conform to the rules of the rest of society, i.e., Women's Liberation, Black Panthers, conscientious objectors.

● Discuss how different ideas can lead to improving life and how dissident groups have helped form our way of live, i.e., the founding fathers, anti- and pro-segregation groups.

● List when it is important to go along with what others say to do, i.e., emergencies, fire, flood, war or tornado.

● Discuss music, dress, hair length, dance as ways that young people don't conform to adult society, and which may cause conflict. However, adults should realize that fads which don't harm others should not cause serious conflict.

● Have the students make two lists, one in which they list ways they conform, the other ways they do not conform.

It is generally not effective to preach to students, to tell them the morally correct way to behave, nor to try to instill them with fear of the consequences of such behavior. It is necessary to discuss behavior with the class and have the students be aware that there are consequences to the way people behave, some pleasant and some unpleasant, helping them to be cognizant of the risks involved. The teacher may state her opinion, but she should identify it as such.

Sometimes a student asks a question a teacher wants to consider for a day or for which she wants to get some advice. To avoid having the students feel that their questions are being ignored, the teacher can list these questions on a posted chart and promise to report back within a couple of days.

A person usually feels better about himself, is more self-assured and comfortable when he feels that he looks good and is dressed appropriately. The teacher can help the educable mentally retarded realize that he can feel good when he thinks he looks good by discussing appearance and by helping him take part in activities which make this point.

● Ask the student to think about how he feels when he wears new or clean clothing. How does he feel when he wears torn or dirty clothing?

● Have the student cut pictures of people out of catalogs and magazines and paste them under the appropriate heading, i.e., clothing for school, for a party, a picnic, the beach or a dance.

● Have the students act out how they feel when their clothes are too tight, when they are too warm or too cold.

● Invite a reliable beautician or cosmetician to class to show the girls how to care for their hair and skin, and how to use cosmetics effectively.

● Have the student collect pictures of movie and T.V. personalities. Discuss the makeup they use. How does too much makeup look? Have each girl decide which products she needs and how much they will cost. Compare the difference in price between different sizes and containers.

- Have each student make a personal grooming chart to check each day.

| | | |
|---|---|---|
| Did I bathe? | ✓ | ✓ |
| Did I wash my face and apply medicine to pimples? | ✓ | |
| Did I apply makeup? (Refer to page 88) | | |
| Are my hands clean and nails shaped? | | |
| Are my legs shaven (girls), feet and nails clean? | | |
| Did I brush my teeth? | | |
| Is my hair clean and styled to fit my face? | | |

Activities with peers are important to teenagers. The teacher can help the educable mentally retarded in thinking of ways to invite people over, in finding things to do and in practicing how to do them.

- Write on a chart a list of activities the students like to do, i.e., bowl, swim, pool, Monopoly, dance, skate or cook. Talk about these activities and discuss and act out the different ways they can initiate these activities. To find a bowling partner: call someone you know for a certain day. If he says he can't play suggest another day or call someone else. Suppose you see two people playing cards. How can you join them? Ask or dare them to play with an expert -- you! Offer to play the winner or loser. If you want to play cards and no one else in your group is playing, get the cards out and play solitaire. Maybe seeing the cards will interest someone else in a game. Offer to teach someone a card game.

- Invite a friend over to do something with you. A girl may invite another girl over to help each other set their hair. Perhaps both girls can cook a dessert or prepare a lunch together. Both boys and girls might like to be invited to a friend's house to listen to records, or read magazines, see slides or watch a favorite TV program.

- Spend some class time with both boys and girls talking about refreshments they like, how much they cost, how to shop, and how to prepare and serve them. Have the class choose one kind of party food, prepare a shopping list, shop, prepare and serve the food.

- It is often difficult for an EMR to feel comfortable in formal situations. Discuss and role play situations like: visiting a sick friend, going to a funeral, being introduced to adults unexpectedly on the street, going to a wedding, applying for a driver's license or a job.

- Have the students think of situations in which they felt uncomfortable because they didn't know the correct thing to do, i.e., invitations, thank-you notes, sympathy notes, dining out, menus, how to eat different foods, etc. Discuss and decide what could have been done.

**RESOURCE MATERIALS**

Clarke, D. L. *The people around us,* 1967.

Other resources:

- Slides, transparencies, tapes, dittos
- Pictures of people from catalogs and magazines
- Pictures of movie and TV personalities

# 5. DATING

**SCOPE**

To introduce dating or getting together with the opposite sex as a desirable social relationship.

**OBJECTIVE**

To dramatize the techniques in each of the following:

1. Refusing and accepting a date.
2. Introducing the date to parents and friends.
3. Planning dating activities including transportation and costs.

**SUGGESTIONS FOR THE TEACHER**

●Ask the students to talk about the best and the worst date they ever had. Ask for volunteers since some students may not have dated or their story may be concerned with another pupil in the class and therefore be embarrassing. List the reasons why one date was good and why another was bad. Tell the class that discussing dates now might improve future dates. If the students are shy about asking questions about dating in front of their peers, ask them to write down three questions they would like answered and place them in a *trouble box.* The following questions and suggested answers about dates and dating are some that will probably come up in any group.

*Where can I ask a girl for a date?* List the places it would be possible to ask a girl for a date, i.e., at aschool, after school, by telephone, or at a ball game.

*How do I ask a girl for a date?* Have two students dramatize asking a girl for a date. Check for the following information: Did he say where they would go and when? Did he say when they would be back? Did he mention what time he would pick her up and where? Did she refuse or accept without hurting the boy's feelings?

*How do I refuse a date?* Do I feel that an excuse is necessary or is a *no, thank you* enough.

*Why is it important to plan a date before asking the girl?* It is important that she ask her parents, that she knows what to wear or that he is sure that he has enough money?

*Do I call for her or can I meet her at the game?* Have the girls tell the boys which situation they prefer. Often when the dating is in a group the girls wish to arrive together and meet the boys. Discuss how the parents feel about this.

*When I meet her parents what do I say?* Using the following illustration initiate a discussion on talking to adults:

> Jake was nervous. He had not met Elizabeth's parents and her mother opened the door. *Say Lady, got your daughter ready to go?* Elizabeth's mother looked

> startled but before she could answer Jake mumbled, *Tell her I'll meet her at the corner.* What do you think Elizabeth's mother thought about Jake? What should Jake have done? Do you use the same language to talk to your friends as you do to adults?

Dramatize correct introductions to parents, to friends, to adults. Read the story again and ask the students to tell about their embarrassing experiences. Decide what could have been done to help the situation. The teacher may wish to tell of an experience that she had in order to illustrate that these experiences happen to everyone.

*Where can I take my date?* Get a local newspaper and have the pupils look for entertainment that is available, the hours the local pool is open, or when the movies and the ball games start. Contact such organizations as the local chamber of commerce for brochures on local attractions. Check the yellow pages in the phone book for restaurants. Have the students call the local pizza place or hamburger stand to find out closing times. List the places that it is possible to take a date and work out the cost. Role play a scene in a restaurant where the boy does not have enough money.

*What do I talk to my date about?* Get suggestions from the pupils about topics for conversation on dates. If they both attend the same school the topic may be the football team or the classes they take. Suggest that if they know their date has a special interest, i.e., swimming, owning a pet, to ask about them and to listen to the answers. Events from the local newspaper such as the local fair, movies, or a book they have read can be used as ice breakers. If the pupils suggest gossiping about friends, remind them that being nasty about their peers may make their date wonder what he or she is going to say about him or her later on.

*When can we kiss?* Ask the students how they feel about this.

*What happens if one of us wants to kiss and the other doesn't?* If it is just a good-night kiss at your door, a pleasant *no thanks* or *I think of you as a friend* would be sufficient. Role play the difference between a half-hearted *no* and a definite *no.* Point out that saying no is often a problem with petting. How far a person should go is for each to decide. If the girls make the decision not to indulge in petting, then they shouldn't put themselves in the position where they have to say no. A boy who suggests a walk to a dark place is not necessarily going to look at the view. Boys shouldn't feel that they must prove themselves by taking each girl to a secluded spot. If she doesn't want to go, respect her wishes. There is no fun in an evening spent with an angry date pushing you off.

*What about going steady?* Discuss the advantages and disadvantages.

*What problems may result from petting?* The Duvall and Hill text on *When You Marry* (1962) includes the following points on petting during dating.

> *Why do young people pet?* (answers from young people)
>
> It seems expected of you.
> The rest of the crowd is doing it.
> You need some assurance that you are desirable.
> Where else can you get a little loving? Most young folk are too old to be fondled by their parents any more and too young to enjoy the caresses of marriage.
> It's exciting.

Sure it's sex, but what's wrong with that?
It's something to do. . . most dates are a bore without it.
How else can you know you are compatible?

*What's wrong with petting?*

Petting often rules out other activities.
It tends to overemphasize the physical aspects of the relationship.
It may cause feelings of shame and guilt (due to early training or community attitudes).
It rouses sex feelings and then leaves them unsatisfied.
It too often leads to premarital sexual intercourse with the threats of unwanted pregnancy and feelings of regret.
It makes good marriage adjustment difficult, especially when the petting has been too promiscuous and too deeply established as a pattern of behavior.

Other questions for discussion or role playing:

What would you do if a stranger asked you to go out in his car?

What would you do if your date ordered more from a menu than you could pay for?

What would you do if your parents insisted that you date only in groups?

What would you do if someone asked you for a blind date?

What would you do if the date looked like trouble?

- Have the students make up check lists they can use before a date:

| | | | | |
|---|---|---|---|---|
| *Boys:*<br>How do I look? | ✓ | | | |
| Have I got enough money? | ✓ | | | |
| Do my parents know what time I will be home and where I'll be? | ✓ | | | |
| *Girls:*<br>Am I dressed appropriately for the date? | ✓ | | | |
| Do I have money in my purse in case of an emergency? | ✓ | | | |
| Do my parents know where I will be and when I will be home? | ✓ | | | |

*Check list on being a good date:*

*Boys:*
✓ Do I let her know when and where we are going?
✓ Am I on time to pick her up?
✓ If I can't make it on time, do I call her?
✓ Do I respect her parents' wishes about the time she should be home?
✓ Am I friendly and courteous to my date?
Do I remember to listen as well as talk?
Do I introduce her to people we meet?
Do I stay with my date instead of going off with the boys?
Do I take her home or make sure that she has a way to get home?
Do I thank her for the date?

*Girls:*
✓ Do I accept a date with pleasure?
✓ Do I introduce him to my parents? To my friends?
✓ Do I dress appropriately?
✓ Am I friendly and courteous on a date?
Do I make sure he has enough money before I suggest a hamburger?
Do I remember not to run and tell my girl friends *all about Tommy* the next day?

Since the main objective of dating or getting together with the opposite sex is to help boys and girls feel relaxed and get to know each other as people, the teacher should encourage activities where boys and girls work with each other. Activities such as planning a school Christmas party or a dance would be good experience.

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

Aherne, N. G. *Teenage living,* 1966.

Allen, B. *Mind your manners,* 1964.

Bauer, W. W. *The new health and safety,* 1966.

Cornell, B. *So you're going to be a teen,* 1963.

Craig, H. T. *Thresholds to young living,* 1962.

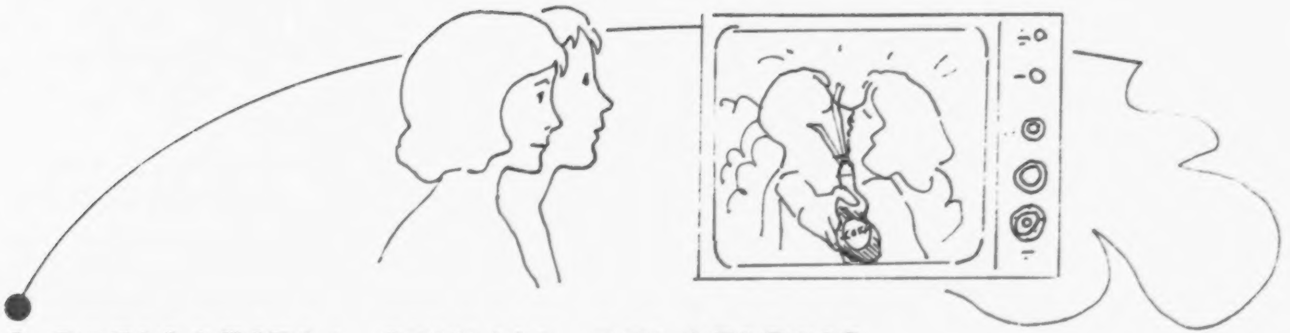
Duvall, E. M. *Love and the facts life,* 1963.

Duvall, E. M. & Hill, R. *When you marry,* 1962.

Kirkendall, L. *Understanding the other sex,* 1955.

Reice, S. S. *The ingenue date book,* 1965.

Other resources:
Local newspaper
Phone book



# 6. PREMARITAL SEXUAL RELATIONS

**SCOPE**

To introduce the subject of premarital sexual relations.

**OBJECTIVES**

1. Each pupil shall list orally or in writing at least five disadvantages of premarital sexual intercourse.
2. Each pupil who wishes to shall communicate orally in class or in a private conference with the teacher, or in writing, his or her questions about sexual intercourse, what he knows about sexual intercourse, reproduction, and what he would like to know.

**SUGGESTIONS FOR THE TEACHER**

● Have the students bring and display examples of advertisements from magazines and newspapers in which sex is used to sell a product. Also, discuss provocative advertisements on TV, songs, clothing and movies. Empathize with the teenager about the fact that the teenager's body is mature and his sex urge is strong; he sees sexy advertisements, movies, and sexy ways of dress all around him, but he has no socially acceptable ways of satisfying his (either boy's or girl's) sexual urge. Why shouldn't this urge be satisfied just as other physical desires are satisfied, i.e., for food, drink, or sleep?

● Ask the students what they think about premarital sex. What have they been taught at home or at church? A discussion among the members of the class will usually provide the reasons for not having promiscuous sexual relations, which include:

1. Possible venereal disease and the fact that there is no sure way of preventing it, except by not indulging in sexual activities.
2. A possible baby and no adequate way for the teenager to care for it.
3. Their religions are against premarital sex and they would feel guilty.
4. Parents and society usually disapprove.
5. The reputation of the girl and boy may be harmed.
6. When there is no love the girl often feels guilty.
7. A possible forced marriage because of pregnancy may result and statistically forced marriages have a high divorce rate.

● The question will usually come up, *When two people love each other, why shouldn't they go all the way? This is not being promiscuous.*

● Discuss the fact that it is natural for boys and girls to be interested in each other and in sex, that when a boy and a girl spend a lot of time together and like each other they want to show their affection by making out and necking. This physical affection usually makes them feel close and warm, satisfying some sex urges at the same time. Also, they get some insight into each other's sexual, intellectual and emotional selves and appreciate the differences between individuals, helping them to choose a future person to marry.

However, even though the teenagers may think they are really in love, they can come to the conclusion that they do not want to let their physical contacts make their sexual urges so strong that their bodies urge them to go all the way.

● Discuss with the class the idea that there are many kinds of activities which are fun that don't involve sex. They are less likely to get involved in situations which might end up in sex play if they are taking part in group activities. There is less chance of sex at a supervised church activity, in a home where the parents are available, in activities where lots of people are around, i.e., dancing, skating, bowling, miniature golf.

● Ask if they've ever seen animals mate. Discuss the differences between this purely physical copulation and intercourse between humans as an act of love and concern for another human being. With animals there is no tenderness or affection. The position for intercourse or coitus is usually different from the animals, too. Although there are many positions humans can use, the usual one is where the partners lie face to face with the man above the woman, placing his erect penis in her vagina. Intercourse is a purely physical act for animals -- for humans it is usually not.

● What can a person do that is purely physical and purely physically satisfying? He can dive into cold water on a hot day, eat ice cream, have a long drink of cool water. Is another person involved? What can a person do for purely emotional satisfaction? He can help a friend; he can take care of someone smaller or helpless. Is there a difference between how long you stay satisfied after a physical act like eating ice cream and an emotional one which involves someone else, like helping a friend?

What conditions do you think are necessary to make sex a lasting emotional as well as a physical satisfaction? Do you need to feel secure? To be able to trust and have confidence in each other? To be free of the fear of pregnancy, V.D., and guilt feelings? Might these conditions be met in a well thought out marriage?

● Continue the discussion of human intercourse as involving emotions as well as physical satisfaction, the person you have intercourse with as having a mind, a personality, character, experiences, emotions, as well as a body. The boy and the girl contemplating premarital sex need to accept and value their total selves, not just their physical and sexual selves.

● A boy and girl might decide to have intercourse and because of myths, misconceptions and faulty information, erroneously feel that they can avoid a pregnancy. A suggestion box, a time when a student can speak to an informed teacher, nurse or doctor, or a class discussion can help to correct these misconceptions. Some misconceptions are:

Sundays are safe.
Right before the girl's period is safe.
When a man has two ejaculations, the second ejaculation does not have sperm.
When a girl has intercourse with two boys, the ejaculation of each kills the sperm of the other.
Coke, as a douche, is an effective contraception.
Pulling the penis out of the vagina before ejaculation will always prevent pregnancy.
Saran Wrap on the penis is a good contraceptive.
When two people have an orgasm at the same time, the girl won't become pregnant.

● Discuss X-rated and R-rated movies.

● Ask the class to write any questions they have about sexual behavior, intercourse, contraception and place them in a suggestion box. Compile all the questions, change the vernacular to socially acceptable vocabulary, and ditto a sheet for each class member. Encourage the students to take the questions home and show them to their parents. Ask the students to discuss their parents' answers and reactions in class. Reading the students' questions can help open a discussion between parents and students. (Use only if there has been previous communication with parents on the topic of sexual behavior.)

● In order to prevent unwanted pregnancies, it is necessary for individuals to be aware of family planning methods. These methods can be discussed in class. How to use these methods is not necessarily an appropriate topic for class discussion. However, the teacher should be able to tell the student where he or she can obtain information on family planning. Providing students with facts and information on where to get contraceptive help does not lead to promiscuity and immorality. It is a person's attitudes and values toward himself and others that determines whether or not he has premarital sex or exploits the use of sex. However, the topics of premarital sexual behavior and the use of contraceptives are emotionally charged issues. It is probably a good idea to mention to the school principal that these topics are going to be discussed and to get his support. (Refer to the section on Parental Involvement in the introduction to this document.)

Information on family planning and prenatal care should be given to the students perhaps on an individual basis when they're planning to marry or when other circumstances make it seem necessary. (See lessons on marriage and the family for discussion of family planning.)

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

Bokannan, P. *Love, sex and being human,* 1969.
Duvall, E. M. *Why wait til marriage?,* 1966.
Glasberg, B. Y. *Teen-age sex counselor,* 1965.
Johnston, E. *Love and sex in plain language,* 1967.
Pomeroy, W. B. *Girls and sex,* 1969.
Shedd, C. *The stork is dead,* 1968.
Southard, H. *Sex before 20: New answers for youth,* 1967.

Other resources:
Advertisements from magazines and newspapers

# 7. HEREDITY

**SCOPE**

To present some basic facts about heredity.

**OBJECTIVE**

The student shall state five inherited characteristics and verbalize that the male determines the sex of the child.

The complexity of the study of heredity and its lack of practical value or application for the retarded are the usual reasons for not presenting this material to a class of retarded students. However, many retarded students are interested in the information and the following simplified lesson is included in order to cater to this interest. The material can be expanded if the teacher feels that her class is capable of and is interested in learning more.

**SUGGESTIONS FOR THE TEACHER**

- Show "Impossible Combinations" (Appendix M) and ask the students if they've ever seen a person fly, smelled a flower which had an odor similar to a horse or seen a fish with feathers? These questions seem silly, but there is a reason that people, fish and flowers are the way we know them and not the way they are in these pictures.

- Look in the mirror and think about the way you look. You're similar to others; you have two eyes, two ears, etc., but you're very different, too. No one's face is exactly the same as yours; no one talks or feels exactly the way you do.

- Have the children look up the word heredity in the dictionary. Stress the idea of one generation's being related to the next.

- Ask the children to list the ways in which they are like their mother or father, i.e., eye color, hair color and texture, tall, fat, etc. Fill out chart at the end of the lesson "Whom Do I Look Like?" Introduce the term characteristic and discuss the fact that they have just listed some characteristics their mother has and some that their father has.

- See if anyone in the class can trace a resemblance, characteristic or trait back to his grandparents.

- What causes you to look like other members of your family, to have brown or blue eyes, dark or light skin? What makes a flower smell sweet, a fish to have scales?

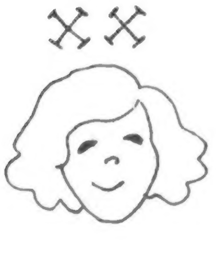
- To understand why you are you, you have to start at the very beginning of you; when you were an egg. You remember that about once a month one of the ovaries releases an egg, which if not fertilized comes out with the menstrual flow. (Appendix N). Trace the path of the egg. This egg is about the size of a pin hole you can make on a piece of paper. For the egg to start to grow it needed to be fertilized by a sperm.

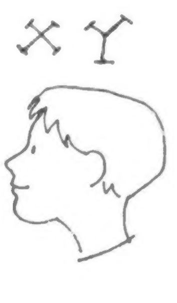
The man ejaculates semen into the woman's vagina. This semen contains millions of sperm, one of which may travel to the woman's fallopian tubes and fertilize the egg or ovum. Using the picture of the woman's organs, show the path of the sperm through the vagina to the tubes. As soon as one sperm enters the egg, the egg's covering becomes tight and shuts out any other sperm. The head of the sperm joins the nucleus or center of the egg. When the egg and sperm join, it is called fertilization or conception and a baby starts to grow.

● Fertilization will not occur every time a man and woman have intercourse. (Using the previous diagram show where the sperm meets the egg in the fallopian tube for fertilization.) The sperm must be active and the egg must be only a few hours old. Fertilization or conception can be prevented by keeping the sperm from the egg. (See lesson on family planning).

The human body is made up of cells. All human cells carry 46 chromosomes, which contain the genes that pass on to the new life traits like hair and eye color and shape of nose. Each kind of animal, insect, bird, fish, and plant has its own kind and number of chromosomes and genes. A cat and a dog cannot be mated and produce young. Humans will only produce humans. The sperm and the chromosomes and genes it carries pass onto the child some of the characteristics of the father. The ovum and the traits it carries gives the child some of the characteristics of the mother.

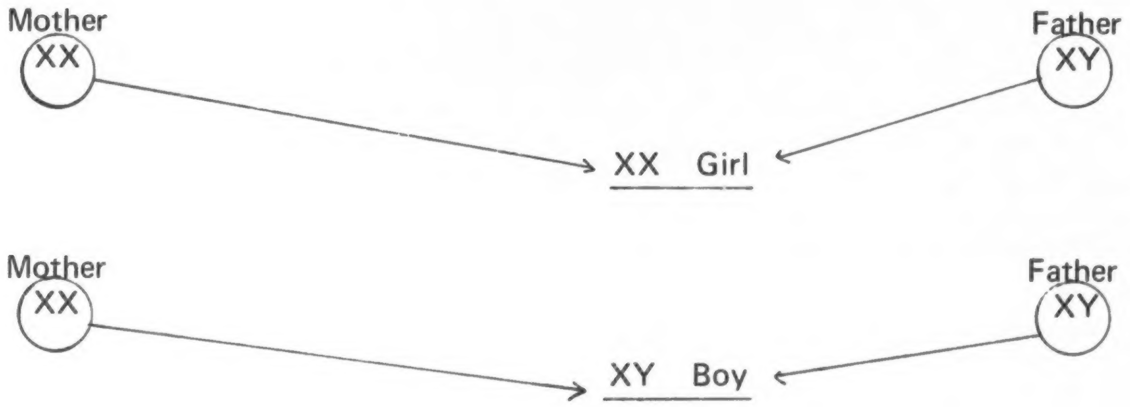
The egg cell and the sperm cell are the only human cells which do not have 46 chromosomes. They each have 23 chromosomes, so that when the egg and sperm join, their chromosomes team up in pairs. Two of these chromosomes are sex chromosomes. In a female the two sex chromosomes look alike, an X and an X. The male has two which look different, an X and a Y. The woman, therefore, always passes on an X chromosome and the man either an X or a Y. If an X sperm fertilizes a female X ova, a female child is conceived. If a Y sperm fertilizes the X ova, a male is conceived. Therefore, the father's sex cells determine the sex of the child. Whether an X or a Y chromosome fertilizes the ovum is a matter of chance, like getting heads or tails when you toss a coin. (Divide the class into teams and tabulate how many times a coin comes up heads or tails).



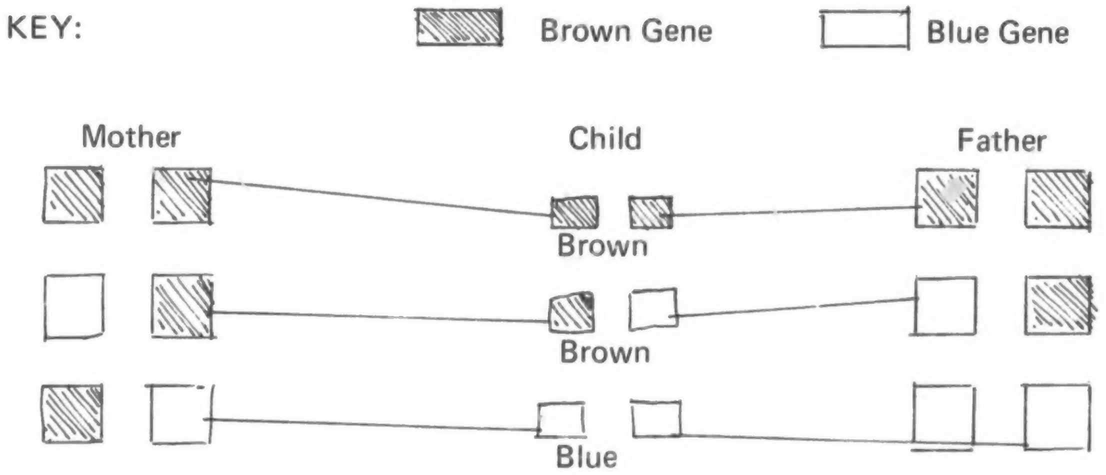


- Display the following chart:

Sex is one of the traits you inherit.


Mother
XX
Father
XY
XX Girl
Mother
XX
Father
XY
XY Boy

- Explain that some inherited traits or genes are strong (dominant) and some are weak (recessive). Give brown eyes as an example of a dominant gene. Refer to the chart and ask the children what color eyes each child will have. Remind them that the mother carries two color genes as does the father; the child receives one from each.


KEY:
Brown Gene
Blue Gene
Mother
Child
Father
Brown
Brown
Blue

- Relate the above facts to the differences between brothers or sisters. Highlight the fact that the *same* traits are not inherited by each child.

- Discuss the misconception of "bad blood," which is not a scientific term, and that the child forms its own blood and does not inherit it from either its mother or father.

- Discuss the fact that some conditions are inherited. Use hemophilia as an example.

*Bibliography contains complete listing of references.*

**RESOURCE MATERIAL**

Cohen, R. *The color of man,* 1968.

*Exploring prejudice: Suggestions for developing attitudes in the mentally retarded.* Chapters on inheritance of physical characteristics, p. 11, 21, 54-56. SECDC, University of Iowa, 1969.

Randal, J. *All about heredity,* 1963.

Schienfeld, A. *Why you are you,* 1958.

Serner, M. R. *Who do you think you are?,* 1963.

Appendices M and N

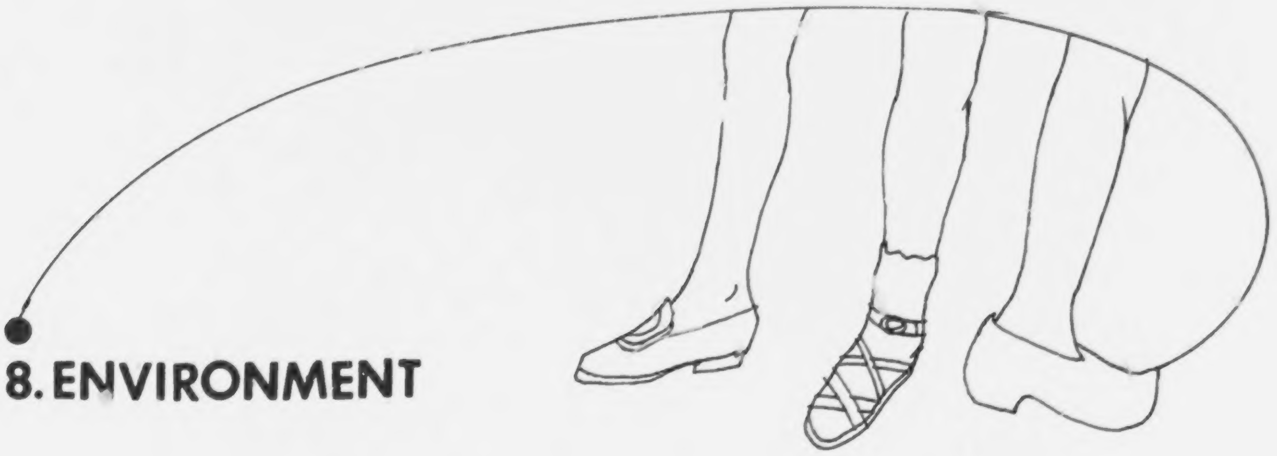
**Whom Do I Look Like?**

| Trait | Mother | Father | Grandmother M or P | Grandfather M or P | Other | Description |
|---|---|---|---|---|---|---|
| Height | | | | | | tall medium short |
| Body Build | | | | | | heavy medium big light small |
| Eye Shape | | | | | | round almond small oval large slanted |
| Eye Color | | | | | | black hazel green brown blue yellow |
| Nose Shape | | | | | | long short broad narrow flat pug small |
| Ear Shape | | | | | | flat big small prominent |
| Hair Texture | | | | | | thick thin curly straight kinky fine |
| Hair Color | | | | | | black grey brown blonde red |
| Skin Color | | | | | | black tan olive yellow pink white |
| Other Characteristics | | | | | | |
| (Example: *males* | | | | | | |
| *birthmarks* | | | | | | |
| *cleft in chin* | | | | | | |
| *dimples)* | | | | | | |

The student can write a brief paragraph to accompany the checklist, describing the physical features covered above.

Example:

> *My name is Bill Adams. I am tall and thin. My hair is dark like my father's but curly like my mother's. My eyes are green and people say they look just like my mother's eyes. My skin is dark. I look most like my father.*



# 8. ENVIRONMENT

**SCOPE**

To help the students understand that their environment also has an effect on them.

**OBJECTIVE**

The student shall list five traits that are not inherited.

**SUGGESTIONS FOR THE TEACHER**

- Refer back to the lesson on heredity and ask the students to define and list some hereditary traits.

- Have two students volunteer to stand in front of the class and have the class list the things that make them look different, i.e., eye color, hair color, clothing. Make a second list of all the differences the students note that are not on the list of hereditary traits.

- Ask the class what their favorite foods and colors are. Note that they have different preferences. Ask the children if they feel that they are born with these likes and dislikes, i.e., are they inherited?

- Ask the students if they know anyone who talks with an accent or speaks another language. What language would you speak if you had been born in China? Perhaps your mother and father came to the United States from China and they both speak Chinese at home. What languages would you speak? Is language a hereditary trait? Guide the children to the realization that hereditary is not the only thing that makes them what they are.

- Refer the students to the second list and tell them that the things listed result from environmental influences. Define environment as all those things outside us that affect us. If you have blue eyes you cannot change them. Why? (Because the color is inherited from your parents.) If you have a very fair skin coloring and get a sun tan, are you changing your inherited skin color? (No, your environment is causing a temporary change.)

- Ask the students if they feel that the attitudes (ideas) of their parents and friends are part of the environment. Remember that environment includes everything outside us that influences us. How can ideas and feelings of the people in our environment influences us in both positive and negative ways? Does it seem reasonable that the way parents, teachers and friends feel about religion, schooling, government, appearance, specific personality traits has an influence on the way we think and feel about these things? Give the pupils situations to discuss and role play. Ask them to be aware of:

1. Who or what is making an influence?
2. Who is being influenced?
3. Is the influence a positive or negative one?

Examples:

Janet is 15 and isn't allowed to go on dates. Her mother has told her that girls of 15 can't handle their emotions and shouldn't be allowed to date on a one to one basis.

Mr. Clark and his son understand each other. Even though Tommy Clark isn't a very good student, his father has encouraged him to stay in school and try to learn all he can. Mr. Clark has explained to Tommy that an education and a skill will help him get a better job and a higher salary.

John knows it is dangerous to take drugs. All the kids in his clique take some kind of drug. John wants to be one of the gang and he feels under a lot of pressure to do the things his friends do.

● Make a list of the many ways in which people and things in the environment can have a positive influence on the way we think and feel about things.

Such as:

Meeting a person who introduces you to a new hobby or interest, i.e., sewing, building models, or restoring furniture.

Reading a book, seeing a movie or a play that gives you a new idea or a new point of view.

Living in a climate that improves health, i.e., Arizona for respiratory disease, Palm Springs bath for arthritis.

Forming a close friendship with a person you respect, i.e., teacher, Scout leader, minister, parent of friend.

Knowing someone who gives you good advice, i.e., teacher who gives you an interest in school, counselor who helps you get a job, probation officer who helps you stay out of trouble.

Being part of a rewarding family situation.

Having a job or project to do that is enjoyable for you.

● Remind the students that just as others influence them, so they have an effect on others. Just as Johnny and Susie are part of your environment, you are a part of Johnny's and Susie's environment. What you do will affect them. Have the students discuss or list some ways in which they feel they have influenced others.

Examples: How do or did you change your parents' life?, i.e., made them parents, enlarged the family, created need for more room in the house. How do you effect the lives of your brothers and sisters?, i.e., teach them things you know, fight and play together, share things. Have you influenced the things your friends do or think? Is your influence over them good or bad?

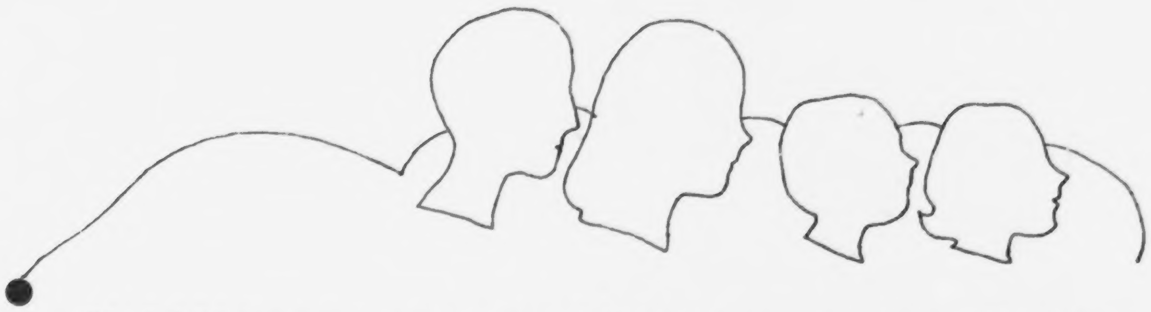
- Talk about how an environment can be changed. It is easy to change our physical environment, i.e., by shifting all the desks in the classroom, or turning on the furnace; but how can we change our environment of thoughts and feelings? Perhaps your family feels that school is not very important; does this mean that you have to feel that way? Just because your brother left school at 16 and thinks it is smart not to work, do you have to follow his example?

- At this point the teacher should try to encourage class discussion on problems in their environment (both home and school), i.e., pollution, race riots, overpopulation, or divorce.

- Ask the children to list people they can go to for advice and help in coping with problems related to their home environment, i.e., school counselor, teacher, family doctor or minister.

**RESOURCE MATERIAL**

*Exploring Prejudice: Suggestions for developing attitudes in the mentally retarded,* SECDC.



# 9. PLANNING FOR MARRIAGE AND FAMILY LIFE

**SCOPE**

To help students use personal dating experiences to discover some important aspects of mate selection.

**OBJECTIVE**

Each pupil shall make at least one appropriate contribution to each discussion concerning dating and mate selection.

As students become older, their dating becomes less casual and more serious in nature. Many aspects of dating simulate conditions found in marriage, such as fidelity to one person, relinquishing personal freedom for a deep, meaningful relationship, emotional attachment. This serious dating will often result in "going steady" or in engagement. It enables one individual to see another in a variety of situations, provides a chance for discussion of plans or feelings, and allows opportunities for control of emotions and sexual urges.

Students on the advanced level should be made aware of the many ways that dating experiences can be used as a constructive basis for later mate selection. This is especially important for the educable mentally retarded student. Many EMR students marry while in high school or shortly after graduation. There is no chance for higher education and few opportunities for advanced skill training. Thus, finding a job and getting married become the "thing to do" for the retardate who can function independently. Educable mentally retarded students are more prone to choose marriage partners on a superficial basis, i.e., infatuation, physical appearance, peer acceptance or material possessions such as a large car. It is important that these students learn to examine their motives and values in dating with a view toward marriage.

**SUGGESTIONS FOR THE TEACHER**

● Have the pupils relate some personal dating experiences they have had in terms of selecting someone to marry. Have the pupils make a list of what made them want to date this person initially and what factors caused the relationship to end.

| *Motivating Factors* | *Terminating Factors* |
|---|---|
| good looks | no personality |
| big spender | jealousy |
| friendly personality | cheapness |
| sexual promiscuity | bad temper |
| good figure /nice build | sexual problems |
|  | liked someone else better |

Encourage the pupils to discuss and compile a personal list of what factors would be important to them in a mate. Emphasize the point that we all look for different things in people to meet our own needs.

● Have a series of situations to use with the pupils for dramatization. These situations might be based on the personal experiences of the pupils. After the dramatizations, have the pupils break up into groups to discuss the way the actors handled the situations and to offer alternate suggestions.

Examples:

A girl breaking her engagement because she doesn't think she'll be happy with her fiancé.
A boy convincing his steady to go all the way.
A boy finding himself without money after eating out at a restaurant.
A couple, boy 17, girl 15, convincing both sets of parents to allow them to get married.

● Have the pupils watch some of the serials and movies on daytime television that deal with dating, engagement, or premarital situations, and discuss what they have seen in terms of:

Relevance to their own lives.
Realism of the situation.
Methods of handling dating problems.
Some T.V. shows that can be used for this purpose are: *That Girl, All My Children, Dating Game, Room 222.*

● Discuss with pupils some of the issues that may arise in dating that should also be discussed in relation to selecting a marriage partner. Dating provides a good opportunity for pupils to discuss their philosophies of various aspects of life, such as having children, male/female roles, budgeting, religion, contraception. The teacher should point out that extreme disagreement about these vital issues might cause serious problems in a marriage.

**ISSUES TO DISCUSS**

*Emotions and Their Control.* The aim is not to squelch emotions, i.e., anger, love, passion, jealousy, but rather to express them in constructive and not in destructive ways.

*Sexual Experimentation.* The emphasis in a serious dating relationship or engagement should be placed on mutual respect and acceptance. In regard to sexual activities, the couple must operate within the framework of what is comfortable and acceptable to them and what is acceptable to society. For example, "making out" in public places is usually unacceptable. The couple should be able to make a commitment to each other concerning the degree of their sexual involvement and then be willing to accept any emotional or physical consequences that might result from their relationship.

*Male and Female Roles.* The male and female roles assumed during a dating relationship often are continued in marriage. Some aspects of this that the pupils might discuss are: Male/female domination or submission, decision making, i.e., who chooses where to go, who handles the money.

- List on the chalkboard and discuss maxims that have relevance for dating and mate selection.

  Examples:

  Love conquers all.
  Absence makes the heart grow fonder.
  There is one perfect mate for each person.
  You can learn to love someone.
  He/she will change when we marry.
  The way to a man's heart is through his stomach.
  A woman's place is in the home.

- Bring in letters from "Dear Abby" that deal with situations in a dating relationship. Have the pupils play "Dear Abby" and tell how they would have handled the situation.

**RESOURCE MATERIALS FOR LESSONS 9, 10, 11, 12**

*Bibliography contains complete listing of references.*

Boyer, D. *For youth to know,* 1966.

Duvall, E. M. *When you marry,* 1962.

English, O. S. *A guide to successful fatherhood,* 1954.

Irwin, L. W. *Choosing your goals,* 1967.

Landis, J. T. *Personal adjustment, marriage and family living,* 1950.

__________ *Youth and marriage: A student manual,* 1957.

Lerrigo, M. O. *Learning about love,* 1956.

Magoun, F. A. *Love and marriage,* 1956.

Popenoe, P. *Marriage before and after,* 1943.

__________ *Who shall not marry?* Pamphlet.

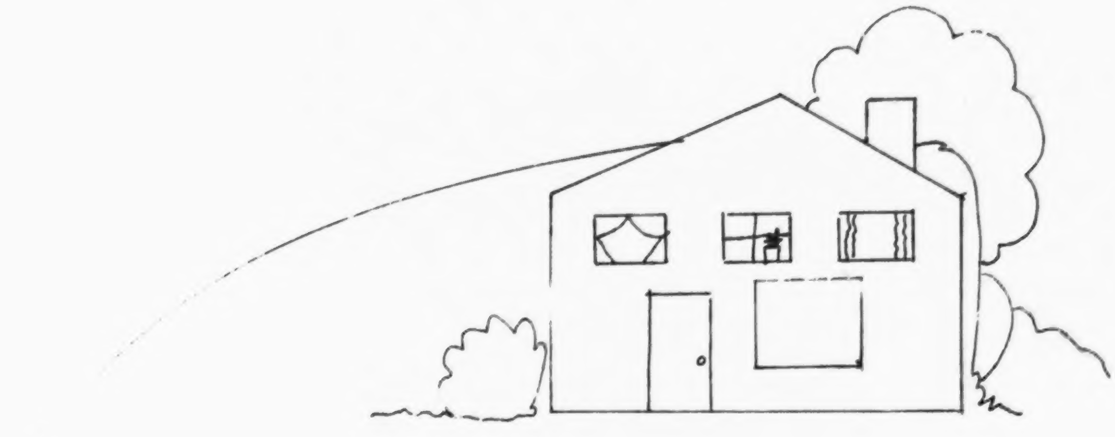
Sakol, J. *What about teen-age marriage?,* 1961.

Schulz, E & Williams, S. *Family life and sex education: Curriculum and instruction,* 1969.

Other Resources:

Television

Letters from "Dear Abby".



# 10. MOTIVATION FOR MARRIAGE

**SCOPE**

To encourage students to look realistically at their motives for and expectations of marriage.

**OBJECTIVE**

Each student shall contribute to a discussion of some common reasons for marrying, actively participate in an evaluation of these reasons, and then help compile a list of what they consider to be the valid reasons for marriage.

Many young adults enter marriage with unrealistic expectations. They have been exposed to a Hollywood and television portrayal of married life emphasizing relationships of bliss, happiness and continuous sexual excitement. Consequently, many young people become disappointed when they find themselves confronted with financial and household responsibilities, child care, family conflicts, the antithesis of the romantic picture. The teacher needs to help students see marriage more realistically, but she shouldn't do this by emphasizing only the negative aspects of married life. Clifford Kirkpatrick's book, *The family as process and institution* (1955) reported the results of several studies on factors most highly associated with marital success. Esther D. Schulz and Sally R. Williams in *Family life and sex education: Curriculum and instruction* (1969) also list some of these factors which include:

Happiness of parent's marriage
Adequate length of courtship.
Adequate sex education, information.
Childhood experiences.
Parental approval.
Ethnic and religious similarity.

Many of these factors have an important effect upon mate selection and marital success. However, they deal with elements that are beyond the control of the persons involved. The teacher should attempt to make the students aware and cognizant of the factors that are within their control which can affect mate selection and marital adjustment, i.e., compatible personality traits, capacity to give and receive love or mutual respect. She should try to have her students understand their feelings and motives so that they can select their mates with reason as well as emotion.

**SUGGESTIONS FOR THE TEACHER**

- Have the pupils view various TV situation shows that deal with young marrieds. Television commercials provide good short topics for discussion. Ask them if they feel these programs and advertisements actually tell it like it is, such as:

Do most wives go out for dinner and dancing at night?
Do housewives dust the house all dressed up with heels on?
Do many women have afternoon teas where they discuss cleaning detergents and inspect each others' homes?
Do most husbands get furious because the coffee isn't up to par?

This might be a good opportunity to point out the fact that pressure is being exerted to bring more honesty into television and movies. Ask the pupils if they think this is a good idea and why.

● Give the pupils situations that describe motivations for marriage. Have them discuss these situations and tell why they think the marriage will or will not be successful.

> Mary's father died when she was very young. All her life she envied girls as they played or walked with their fathers. When Mary got older, she became very friendly with the man who ran the local department store. He was 45 and the father of two children who were older than Mary. His wife had died five years ago in an automobile accident. Mary and this man began dating and decided to get married. Why did this man appeal to Mary?
>
> Clark was handsome and on the football team. He always wanted lots of money but he came from a poor family and knew his chances for earning lots of money were slim, as he was a fair student and planned to go directly to work at a filling station. In high school Clark met and began dating Nancy. Nancy's father owned the town fabric mill. They lived in a big beautiful house and had two cars. Nancy planned to go on to college, but at the end of her senior year, she decided to marry Clark. What reasons did Clark have for wanting to marry Nancy?

Some situations that provide topics for discussion are:
Marrying --
    to escape an unhappy home.
    to eliminate loneliness.
    to gain wealth or material possessions.
    to dominate or be dominated by someone.
    because of physical attraction alone.
    because of convenience.
    because of peer or family pressure.
    for the purpose of having children.

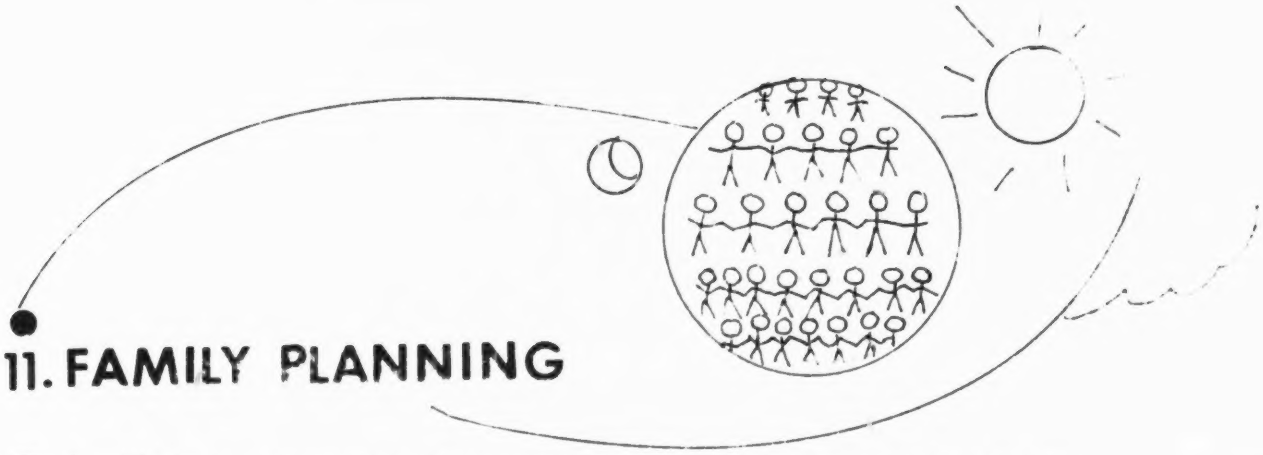
The teacher should try to bring out the fact that not all of these motives are bad. People marry for different reasons to meet different personal needs. The aim is to meet these needs in a manner that will not be physically or emotionally harmful to a mate. No one can predict marital success, but there are factors that seem to affect the marriage relationship positively or negatively.

● Have the students compile a list of positive reasons for marrying.
    You like someone's personality.
    You enjoy doing things and being together.
    You enjoy being together.
    A combination of physical attraction, love, concern.

**RESOURCE MATERIALS**

Kirkpatrick, Clifford, *The family as process and institution,* 1955.

See lesson on Planning for Marriage and Family Life for additional reference materials.



# 11. FAMILY PLANNING

**SCOPE**

To familiarize students with the reasons for family planning and the choices available for preventing conception.

**OBJECTIVES**

1. Students shall show by discussion that they realize that the number of children in a family can be limited.

2. Students shall know where they can get family planning information if they want it.

A decision or commitment concerning family planning must be made in a marriage. A husband and wife need to consider many factors including moral and religious ones in planning when to have children and how many children to have. The word planning is used intentionally, as it is now possible to prevent pregnancy with almost complete effectiveness and safety, if the couple's religious and moral beliefs permit it.

In discussing family planning, the word balance should be emphasized; this refers to balance on a global, as well as on a personal level. The world is feeling the strain of overpopulation. The possibility exists that we will someday deplete the world's natural resources and pollute the atmosphere to the extent that we could no longer feed, clothe, or house the people of the world adequately. Without these essentials, disease, poverty and discontent become the legacy we pass on to children and to grandchildren. It is necessary to show concern for the quality of life.

On a more personal level, if there are no religious restrictions, people should have the freedom to choose the number of children they want. Here again, the word balance comes into consideration. A family needs to balance its physical ability to have children against its ability to provide for them financially, physically and emotionally. This is a decision that a husband and wife must make together, and discussing this matter can lead to greater understanding and communication between the couple.

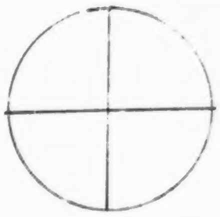
Finally, it is necessary to consider the rights of the individual child. All children have the right to be wanted, to be loved and to be cared for. These factors are essential to the mental, physical and emotional development and adjustment of any human being.

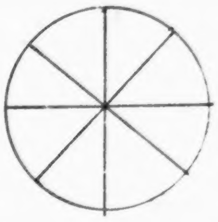
Thus, when a couple makes a decision on family planning or birth control, it has an effect upon society, on the individual couple making the decision, and on the child that might be conceived as a result of this decision.

It must be emphasized that any family planning method is only as effective as the information in the necessary situations.

**SUGGESTIONS FOR THE TEACHER**

- Bring a cake or pie into the classroom. Ask the student to divide the cake or pie for a family of four. Next, ask a student to divide the pie or cake for a family of eight. Have the pupils discuss the size of the piece that each person receives in each situation.





Use this example and expand upon it to discover certain facts about large families.

The larger the family the less available for each individual (money for clothes, education).
The larger the family the greater the total cost of living (food, clothing, housing).
The larger the family the more money needed to maintain a comfortable standard of living.
The larger the family the greater the need for parents to share attention, affection.

Encourage the students to reach some of their own conclusions about family planning and the equality of life.

- Have the pupils read books and view movies concerning overpopulation and its effects. Compile a list of the disadvantages of overpopulation.

Inability to produce enough food to feed the people
Inability to house or clothe people adequately.
Diseases that thrive in overpopulated environments: malnutrition.
Inability to preserve adequate sanitary conditions, adequate sewage with resulting pollution.

If individuals see a need for planning and limiting the number of children in a family, they should have the technical information that is necessary to do so. The teacher or persons the teacher recommends are sometimes the only sources of accurate information with which the EMR will come in contact.

Whether or not to provide students with the family planning knowledge that can prevent tragedy and help the students to a more fulfilling future is a choice the teacher has to make. She will not want to jeopardize her whole program by presenting material in this sensitive area which might be misunderstood by parents. Therefore, it is a good idea to get the principal's and the parent's support for this topic in the program.

If the teacher feels that her students will benefit from a program on family planning and a display of family planning devices, she might notify parents that the topic will be discussed and invite them to attend the class. (The parents, too, might be interested in the information.) The student whose parents do not wish him to attend such a program can be provided an alternate activity, study hall, or sitting in another teacher's class.

● Invite and prepare a doctor, a nurse, someone from Planned Parenthood or The Family Planning Project of the University Hospitals, Iowa City to discuss and show various means of controlling conception to the class. Alternatively these people can prepare the teacher with information she can relay to her class. The chart (at the end of this lesson) on methods of family planning can be used as a guide to discussion. Pupils should be encouraged to ask questions about the use and effectiveness of the particular methods.

● Set up a temporary room display of birth control devices that can be bought in a drug store. Educable mentally retarded young adults run the risk of using nothing because they are too embarrassed to ask for items, don't know where they are located, can't read labels, or are unfamiliar with packaging. A pharmacist can be invited to bring common birth control items and answer questions the students might ask about:

What is available with/without a prescription?
What is the effectiveness of various techniques?
What is the relative cost of different methods?
What are the more common brand names and packaging of different birth control measures?

● Ignorance about, or fear of, contraceptive measures are probably the greatest single cause of unwanted pregnancy. Discuss with the class some common misconceptions about using contraceptives.

Contraceptives make you sterile.
Contraceptives can get stuck and cause permanent internal injury.
Birth control makes people sexually promiscuous.
Contraceptives cause cancer.
Contraceptives should be used only in cases where there is a chance of V.D.
Pregnancy can be avoided by taking a birth control pill before a date.
Contraceptives decrease sexual pleasure.

● Students might enjoy studying some of the historic or primitive methods of birth control. Scientists are now becoming aware of the fact that some of these potions actually did inhibit fertility. For instance:

Egyptian hieroglyphics telling of powders and potions to prevent conception.
Hindu physicians who determined "safe days" in a monthly cycle 2000 years ago.
Edible plant extracts made by American Indians that inhibit fertility.
Teas and potions thought to prevent pregnancy.

● The discussion could be expanded to discuss some primitive and unreliable methods of family planning that are still being used. Many of these can be ideas or methods contributed by the students. Some examples might be: Coca-cola douche immediately following intercourse, Saran Wrap as a condom substitute, or extremely hot bath for the man before intercourse to kill sperm in testes.

Special mention should be made in this lesson concerning dissemination of information on birth control to those unmarried students who are having sexual intercourse. In order to prevent unwanted pregnancy and illegitimate children, it is necessary for students to be aware of birth control methods. The teacher should not assume responsibility for telling the students what to use or how to use it. She can and should be able to tell the students where information about birth control can be obtained.

Providing students with facts and information concerning birth control does not lead to sexual promiscuity and immorality. It is a person's attitudes and values, toward himself and others, that determines whether or not he engages in sexual intercourse or exploits the use of sex. If sexual intercourse becomes an integral part of a relationship, the couple will continue to have relations whether or not contraceptive devices can or cannot be obtained. If a pregnancy does occur outside of marriage, the couple may be faced with the choices of abortion (often illegal), disgrace, reluctant or disastrous marriage with accompanying physical or emotional damage to the parties involved.

The unmarried student who indulges in premarital intercourse needs protection as well as careful thought about the value judgments he is making. Information on conception, family planning, and prenatal care should be given the students when they're close to marriage or when other circumstances make this information necessary for protection of self and others.

**RESOURCE MATERIALS**

Hayman, H. S. Should we teach about birth control in high school sex education. *Education Digest,* 1969.

Resources for Lesson 9

Other resources:
- Pie or cake
- Birth control devices
- Doctor or nurse, Planned Parenthood representative, religious counselors
- Family Planning Project of the University Hospitals, Iowa City 356-2539
  - Branches:
    - Waterloo - 235 3944
    - Davenport - 323 0718
    - Cedar Rapids - 364 0101, Ext. 397.

| Methods (Artificial) | Description | Method of Preventing Pregnancy | Realibility | Side Effects |
|---|---|---|---|---|
| Pill | Combination of hormones similar to those naturally produced in the female. Taken for 20 or 21 consecutive days each month beginning five days after the menstrual cycle. | Prevents the ovary from releasing an egg. | Highest degree of effectiveness. Consistent and correct use is almost certain to prevent pregnancy. An error in the beginning or omission may result in pregnancy. | Usually few, but research has indicated that some possible side effects might be nausea, weight gain, bloating, poor circulation. Possible link to circulatory disease, blood clotting, cancer. |
| Intra Uterine Device | A small device made of plastic or stainless steel (loop, spiral, ring, bow) inserted by a physican into the uterus and left there indefinitely. | No one knows exactly how it works, other than by being a foreign body in the uterus that discourages pregnancy. It does *not* prevent the ovary from releasing eggs. | In most instances, it will prevent pregnancy. It may be unknowingly expelled and, therefore, a frequent check should be made to make sure it is not displaced. It is not recommended for women who have not had children and it seems to be most effective between the 2nd. and 4th. pregnancies. | Most women have little difficulty, but cramping, bleeding between periods may occur. If discomfort is extreme, the device can be removed by a physician. |
| Diaphragm | Flexible, cup-shaped mechanical device that is inserted into the vagina before coitus. The diaphragm is used along with vaginal cream or jelly. It is fitted by a physician. | It is placed in the vagina to cover the entrance to the uterus and prevent the entry of sperm. | There is usually a high degree of success. Each year about 3% of the women using the diaphragm become pregnant. The diaphragm should be rechecked for size after each pregnancy to insure reliability and proper fit. | Usually none. Can be of some discomfort if not inserted properly. |
| Condom | Thin sheath of latex rubber or lambskin (intentinal membrane) designed to fit over an erect penis during coitus. | The condom catches sperm and prevents their entry into the vagina. Prevents contacting venereal diseases. | Usually offers good protection. Must remain intact and in place during sexual intercourse. Pregnancy can result from tearing or slipping during intercourse; also, by imperfection in the manufacturing process. The wife should use contraceptive jelly, cream, or foam for extra protection when condoms are used. | No physical effects. |

| Methods (Artificial) | Description | Method of Preventing Pregnancy | Realibility | Side Effects |
|---|---|---|---|---|
| Chemical Methods | Chemical methods of preventing pregnancy such as vaginal foams, jellys, creams, suppositories, tablets. | Chemical barriers to sperm cells that coat the surface of the vagina and entrance to the uterus. | Not as reliable as methods previously mentioned. The foam is the most reliable. Must follow directions explicitly. Should be used before each sexual act. Provides adequate protection for about one hour. | None |
| Natural Method - Rhythm | Avoiding sexual intercourse during the wife's fertile period which is just before or after the egg has been produced in her body. This is the only method of family planning presently approved for Roman Catholics by their Church. | Women release an egg about once a month - usually from 10-14 days prior to menstruation. This varies greatly from month to month and it is absolutely essential to calculate the safe period. Pregnancy is most likely to occur 2½ days before ovulation for ½ day after it and is often accompanied by a change in body temperature. | About 15% of women menstruate irregularly and cannot use this method with reliability. Not recommended for the months immediately following pregnancy.<br>It is important that a physician be consulted in determining the fertile period and accurate records are a necessity. | None. Many couples are unwilling or unable to refrain from having intercourse during the fertile period. |
| Coitus Interruptus | Man withdraws penis from vagina before ejaculation. | No semen is discharged into the vagina. | Very poor reliability. Often a little semen is released before actual ejaculation or ejaculation may occur. The method requires almost superhuman self-control and experience to prevent pregnancy. It is extremely risky and is not recommended as a means of birth control. If semen is ejaculated in close proximity to the vaginal entrance, conception can occur. | It denies both husband and wife a complete and fulfilling sexual experience. |
| Permanent Methods<br>Surgical Sterilization of Woman | Hysterectomy - removal of uterus. | | | |
| | Closing off of fallopian tubes. | Tubes that carry the egg cell from the ovary to the uterus are tied. | Prevents conception. Does not interfere with sexual functioning. | Emotional reactions; |
| Male | Vasectomy - severing of sperm duct. | Sperm duct is tied and severed. | There is no assurance that surgical sterilization can be reversed. | |

| Methods (Artificial) | Description | Method of Preventing Pregnancy | Realibility | Side Effects |
|---|---|---|---|---|
| Abortion: | Interruption of a pregnancy before the fetus can survive outside the mother's body. | 10% of all pregnancies end in abortion. | | |
| Spontaneous | Bleeding, pains and cramping, expulsion of fetus or embryo and tissues of conception. | Causes of spontaneous abortion: poor health, severe malnutrition, nephritis, tuberculosis, diabetes, complications of pregnancy. | | |
| Induced Surgically | Dilation and curettage.<br>Hysterectomy. Injections into fetus (Swedish method).<br>Vacuum method. | | Done between 14-22nd. week.<br>100%<br>100% | Little side effect if done under carefully controlled sterile, surgical conditions. |
| Induced non-surgically | Introduction of foreign body into uterus (knitting needle, hanger). | | Unknown | Enormous threat of mortality. Causes great physical discomfort, bleeding, high fever, prolonged illness and possibility of permansterility if not done properly under surgical and sanitary conditions. |

# 12. COMMUNICATION IN MARRIAGE

**SCOPE**

To show the importance of effective communication between husband and wife as well as to introduce students to the various means available for communication.

**OBJECTIVE**

The pupils shall freely enter into a discussion concerning husband/wife communications by making individual contributions in class.

*Note:* In such discussions there is the probability that amusing, humorous, or embarrassing incidents and situations will be introduced either as the result of a pupil's witnessing an event at home or as a product of his imagination. Humor should not be at the expense of a person's embarrassment. The teacher will need to exercise control during these discussions in order to keep them from being personally damaging.

A married couple should be able to communicate thoughts and express ideas and feelings to one another. This ability or inability to communicate affects all aspects of the marriage relationship, i.e., coping with day to day living, sexual attitude and response and approaching conflict in a constructive manner. When the communication system between a husband and wife deteriorates, all aspects of the marriage suffer a breakdown. Communication incorporates any and all ways that people show feelings, anxieties, fears and values to one another.

**SUGGESTIONS FOR THE TEACHER**

● Give pupils an opportunity to show how it is possible for people to communicate without words. Historically, this was done through pictures, such as heiroglyphics or smoke signals. Discuss ways in which people today communicate when it is impossible to use words. For instance:

  Ways in which ships contact other ships (Morse Code or semaphore signals).
  Language of the deaf (sign language).
  Traffic lights

● Have the students use parts of their bodies in various actions to communicate feelings or ideas.

  Show how a mother expresses love for her child without using words.
  In how many ways can you express anger without using words, i.e., clenching fists and teeth, hitting, biting, kicking.
  Show how you would feel about getting a car for your birthday, i.e., smiling, jumping up and down, clapping hands, hooting.

● Play a game of charades where pupils convey thoughts without words, i.e., current pop song titles, movie titles, popular books or magazines, names of movie or record stars, names of popular rock groups.

- Discuss communication in marriage by relating ways couples have of communicating with one another through gestures, conversation, sex.

What feelings are being conveyed:

A husband walks over to his wife as she is finishing up the dishes, pats her lightly on the arm and kisses her forehead.

A husband comes home from work. It is over 90° outside and he has been commuting for over an hour in traffic. He walks in, slams the door, flops on the couch.

A wife turns on some music after dinner, dresses in an attractive robe, and sits down close to her husband on a chair meant for one.

A man comes home and excitedly tells his wife about a promotion he's been offered at his job. She goes about her work, making dinner, and asks her husband to take out the garbage.

Mr. Adams loves lasagna. It is difficult to make and requires a lot of time and preparation. Mrs. Adams decides to make lasagna for dinner.

Mr. Green decides to do the dishes for his wife so she can sit down, relax and read the paper.

- In a marriage, the quality of communication is more important than the quantity. Good communication does not imply that the couple talk to each other all the time or share every thought or idea with each other. Feelings are conveyed by the manner in which something is said and by the choice of words used. Illustrate this by giving the students examples of constructive vs. destructive communication. such as: Wife would like to do something special with her husband over the weekend.

*This:* Wife says, "It would be fun to do something together Saturday. I know we don't have much money right now, but I'm sure we could think of something that would be enjoyable to both of us."

*Not This:* "You never want to do anything or go anywhere. All you like to do is sit around this house and watch T.V. and drink beer. You're lazy and cheap and you don't love me anymore."

A husband is angry at his wife for not having his dinner ready when he comes home from work.

*This:* Husband says, "I'm starving. What can I do to help you get dinner ready? I guess you've had a pretty hectic day. Think I'll have a snack to tide me over."

*Not This:* "You have nothing to do all day but keep house and take care of the children. The least you can do is to have my dinner ready when I get home."

- Introduce pupils to some common practices in marriage that tend to break down communication between a husband and wife. Dramatize these practices to show how a husband and wife might unwittingly destroy communication.

Mrs. Brown wants Mr. Brown to take out the garbage:

Nag - *Honey, take out the garbage. Fred, take out the garbage right now.*
Belittle - *Of all the husbands I know, you are by far the laziest good for nothing . . .*

Ridicule - *Why should I expect you to take out the garbage? It's an effort for you to get out of bed in the morning.*
Sarcasm - *With a husband like you around, the sanitation strike is on all year.*
Sexual disinterest or rejection - *You don't do anything I ask of you all day; why should I try to please you?*

● If the pupils enjoy the humor of dramatizing these situations, have them come up with some ideas on how to handle the situation without causing hard feelings between a husband and wife. For instance:

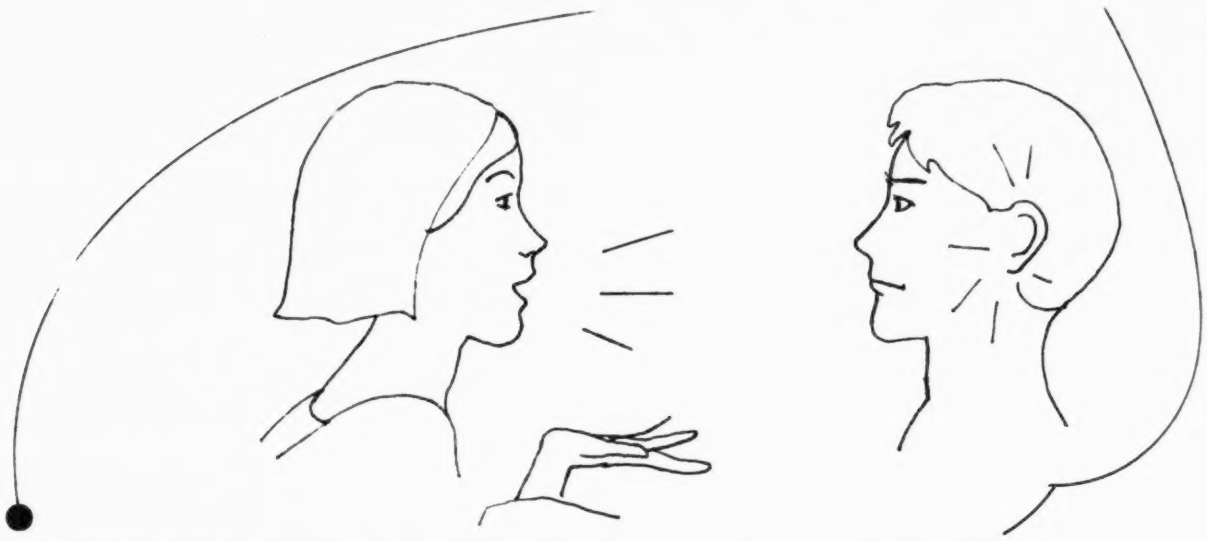
*Dear, on your way out, I'd really appreciate it if you would take out the garbage.*
*Let's take the garbage out together and then go for a short walk.*
*I'll trade you a favor. If you take the garbage out, I'll fix that loose button on your coat.*

**RESOURCE MATERIALS**

Resources in Lesson 9

Morse Code

Semaphore signals



# 13. MEETING CONFLICTS IN MARRIAGE

**SCOPE**

To present constructive ways of handling conflict in marriage.

**OBJECTIVE**

Pupils shall demonstrate an ability to constructively cope with problems that might arise in a marriage by discussing and dramatizing methods of handling conflict.

It is not usually difficult for people to communicate when things are going well and they are happy. The difficulty comes when the family must meet and cope with conflict. Conflict can be caused by an outside problem which a husband and wife must solve jointly or there may be conflict because of problems within the marriage itself. When two people live together, at some time, they are bound to have differences of opinion, arguments and negative feelings toward each other. The couple who learns to recognize and cope with problem situations is better equipped to handle conflict in marriage than the couple who deny the existence of a problem or handle their problems in a destructive manner. The aim in marriage is not to avoid conflict or arguments, but to approach them in a constructive manner that will actually strengthen the bond between husband and wife.

Preparation for handling conflicts occurs throughout life. Learning to live constructively with individual differences does not necessarily occur in the early years of marriage. It develops as a couple comes to understand and accept each other's habits, values and feelings. The importance of the sex relationship as a means of marital communication should be mentioned. Sexual compatibility between a husband and wife is determined by emotional, as well as physical response and need. If a couple cannot communicate, this will have an adverse effect on the sexual relationship. If a couple finds it impossible to share feelings and aspirations with one another, the sex act is robbed of part of its meaning. One or the other partner may interpret intercourse as a duty, as domination of one over the other or as being used or abused.

**SUGGESTIONS FOR THE TEACHER**

● Discuss with pupils some of the common misconceptions they might have concerning conflict or quarreling, such as:

When people get married, they live happily ever after.
If people are really made for each other, they will never fight or argue.
Fighting means that people are falling out of love or that the marriage is failing.

The pupils can cite examples from their personal experiences to show that fighting or quarreling does not imply loss of love or lack of concern. Some examples of this might be:

Arguing with parents over a curfew.
Fighting with siblings about borrowing clothes.
Conflicts between good friends over an opinion concerning a third person.
Differences in opinion in a dating situation, i.e., whether or not to join another couple.

Ask the pupils how they went about resolving the conflict and how they felt about the other person(s) involved afterward.

Did you see the other person's point of view?
Was one person all right and the other all wrong?
How long did you, or the other person, hold a grudge?
How did you go about making up?
Did you think less of the other person after the argument was over?

● Have the pupils dramatize some common reactions to conflict that are not constructive, those that do not help the people concerned face up to and cope with the problem. In each instance, encourage the students to come up with ideas to illustrate an appropriate alternative(s) for handling the conflict.

*Moping* - Mr. Adams planned to spend a weekend camping out and fishing with some of his male friends. The only weekend available was one when Mrs. Adams wanted to go to a church sponsored dinner-dance. Mrs. Adams moped around the house for weeks prior to the weekend specified.

*Silent Treatment* - Mrs. Jones and Mr. Jones invited the boss to dinner. Mrs. Jones was very nervous and concerned that everything be just right. She had a few drinks before the company came to steady her nerves and a few more when her guests arrived. She became silly, giddy and overly talkative. Mr. Jones was very embarrassed by his wife. He didn't speak to her for a week after the dinner.

*Personal Martyrdom* - Mrs. Jackson was unhappy. She spent all day housecleaning, caring for the children and fixing meals. She and her husband never went out together. The only time she left the house was to do food shopping or to pick up the children at school. He spent his weekends watching the sports programs on T.V. Mrs. Jackson felt that it was her duty to be a good wife and mother. She didn't like the way she was living, but felt that the happiness of her family was more important than her own satisfaction.

*Ignoring the Problem* - When Ted and Alice got married, Ted knew that he would have money problems. Alice was very spoiled by her parents and got everything she wanted or asked for. Ted had a good job at a printing company but he was just starting out and didn't make a very high salary. He was assured that he would receive periodic raises if his work was satisfactory. Alice knew that Ted couldn't afford to buy her the things she wanted. Instead of nagging him or learning to live within his budget, Alice just went to her parents with her requests. They gave her money she needed for new clothes, furniture and entertainment. Ted knew this was going on and he didn't like it one bit. He didn't say anything to Alice or her parents, however, in hopes that the problem would disappear.

*Escaping* - Mr. Franklin arrived home after a particularly hard and hot day at work. As he opened the door he heard the television blasting and his five-year-old daughter was having a temper tantrum on the kitchen floor. His young son was crawling around the living room floor and had already removed all the books from the bookshelves. He could smell food burning in the kitchen and his wife was screaming something at him about the washing machine overflowing in the basement. Mr. Franklin turned and walked out of the house, slamming the door behind him.

*Physical Abuse* - Mrs. Clayton caught her husband admiring a lovely young girl who was seated at the next table in a restaurant. She kicked him in the shin and sent him yelping around the floor holding on to one leg.

*Sexual Withholding* - Bob and Mary have been married one year. Bob was preoccupied with his work and completely forgot about their first anniversary. Mary had planned a special dinner with candles and wine to mark the occasion, but Bob had to work late. When he arrived home, Bob found a pillow and blanket out for him on the couch. Mary left a note saying: Happy Anniversary. Your present is a new bed--the couch. Don't you dare come near me again!

*Child Manipulation* - Mr. Carter promised his children some special treats and a raise in allowance if they could persuade their mother to go camping on their vacation.

- Give pupils an outline that they can use as a guide for solving problems. Ask them to use this guide to solve a particular problem they might have or have them work in teams to use this approach in solving each other's problems.

Recognize that a problem exists.
Look for possible causes.
Set some long-range objectives or goals.
Learn and understand more about the problem in regard to you or the other person with whom you are having a disagreement to get an emotional slant or the other side.
Consider alternatives of action.
Do what you have decided upon.
Make periodic reevaluation of your progress.

- Plan a follow-up to insure avoidance of problems in the future. After going over the outline, have the pupils assume the role of *marriage counselors* and apply what they have discussed to a hypothetical situation.

The husband is always complaining because he feels his wife is a sloppy housekeeper.

*Recognize the Problem*
Both the husband and wife are aware that the house always looks a mess. Beds are usually unmade, dishes go unwashed. The wife acknowledges that she's a lousy housekeeper and knows this upsets her husband.

*Look for Possible Causes*
The wife came from a home where sloppy housekeeping was the model she had to follow. Wife is over-reacting to a very orderly, disciplined childhood. The wife doesn't mind the clutter and disorganization. Wife uses her sloppiness as a way of getting back at her husband for the annoying things he sometimes does.

*Set Some Long-range Goals and Objectives*
Gradually improve wife's housekeeping ability. Remove some of the causes for her using sloppiness to annoy her husband. Try to develop better understanding and communication between husband and wife.

*Learn More About the Problem*
Talk about and try to discover some real causes of the problem. Wife always had to care for younger brothers and sisters while her parents worked. She was responsible for babysitting, housework, meal preparation, and resented these duties. Wife got married to escape her own unpleasant home situation. Husband's mother is a crackerjack housekeeper and this fact is always being pointed out to the wife. Husband, from wife's point of view, seems indifferent to her needs. She feels he thinks of her as a maid and housekeeper. Talk about the problem with objective persons, i.e., couples who have experienced similar situations, guidance/marriage counselors, family mental health agencies.

*Look at Other Person's Point of View*

Husband: It's unpleasant to live in dirty, sloppy surroundings. Wife has nothing better to do with her time. Meals should be ready, as wife knows he's had a hard day at work and will come home tired and hungry. It's embarrassing to invite anyone over or have friends drop in.

Wife: Housekeeping is a boring, dull job. She has nothing to motivate her to clean the house. There are some good T.V. programs she likes to watch just prior to dinner time. Husband always concentrated on her weaknesses rather than her abilities. This discourages her and she doesn't even want to try.

*Consider Alternatives of Action*

Let the house go, if it makes the wife unhappy to nag her about it. Share some housekeeping responsibilities to alleviate pressure. Give the wife chances to get out so she has something to look forward to. Set up a schedule for helping the wife utilize her time.

*Do What You Have Decided Upon*

Plan a specific time schedule based upon a weekly schedule for housecleaning. This would keep housework to a maximum of two hours daily. Make definite plans for the wife to have at least two evenings a week out -- once during the week by herself and once during the weekend with her husband. This does not include food shopping, car pooling or taking the clothes to the laundromat. The husband must learn to praise his wife for her accomplishments to give her encouragement. He should consciously avoid comparing her with his mother. Have the wife learn some shortcuts to make her housekeeping easier. Cooking things that can be prepared ahead of time and then heated up would be a shortcut.

*Check Plans with Goals*

Does this plan attempt to improve the wife's housekeeping? -- yes
Does the plan try to remove some of the pressures that cause the sloppiness? -- yes
Does the plan increase understanding between the husband and wife? -- yes

*Follow-up*

Continue with this plan for two weeks.
See if the action is alleviating the problem.
If the problem is not being improved, reevaluate your plan of action.

- Give the pupils some guidelines to follow on productive arguing. There are arguments and quarrels in all marriages. The aim is not to avoid arguing, but to disagree in a manner that deals with the issues and doesn't attack the person. The purpose of an argument revolves around finding possible solutions to the problem. Disagreement and conflict provide a useful function; it clears the air and permits the couple to reach a better understanding about their problems.

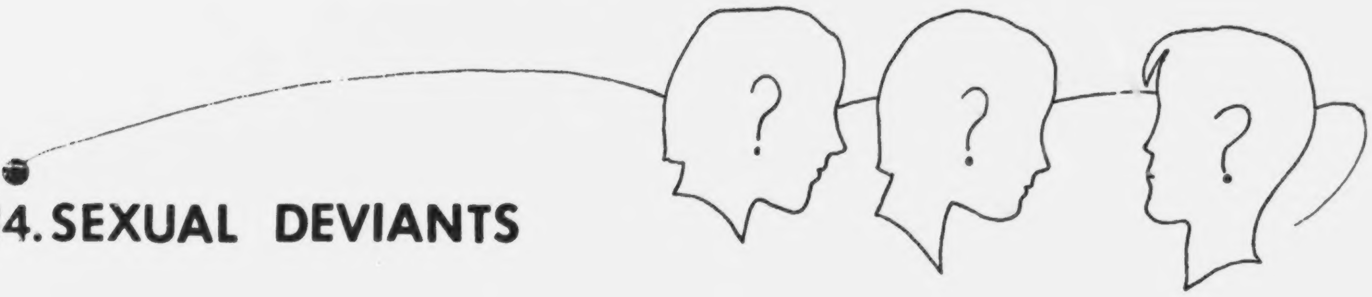
*Guidelines*

Have some idea of what it is that you don't like.
Have some idea of what you want changed.
Stick to an issue. Don't drag in extraneous historical gripes.
Look for improvement over long periods of time, not immediate cures.
Get gripes out in the open as soon as they arise. Don't allow them to fester and get out of control.
Attack the problem -- not one another. *This:* I don't like the way you leave your clothes lying all over the house. *Not This:* You're a fat, lazy slob.
Keep the argument a private matter. Don't involve relatives, families or children.

- Give teams of boy/girl students a problem situation. Have the pupils organize and dramatize arguments concerning these situations. Pupils should illustrate both constructive and destructive ways of handling these conflicts. Using the guidelines as a means of reference, have the class discuss and evaluate the quality of the argument in the presented dramatization and give suggestions for improvement.

**RESOURCE MATERIALS**

Resources from Lesson 9



# 14. SEXUAL DEVIANTS

**SCOPE**

To present information about sexually deviant behavior.

**OBJECTIVES**

The student shall show by his/her contributions to class discussions and by a more relaxed attitude that:

1. Unwarranted fears about his own sexuality have been alleviated.

2. He can accept others sexually.

3. He can avoid becoming involved in deviant sexual behavior.

This topic can be introduced to the class in response to a student's questions, to an expression of fear of deviants or to an expression of fear of his being homosexual. A frank class discussion is probably the best way to bring up facts and to alleviate fears. A display of pictures showing men in what may be considered effeminate clothing and women in masculine style clothing can be used to prompt discussion of homosexuals.

**QUESTIONS THAT ARE OFTEN ASKED**

What is a homosexual? Homosexuals are those men or women who prefer people of their own sex for sexual gratification. Lesbian is the common term for a female homosexual. Derogatory or slang terms for homosexuals: fag, fruit, queer, dike, fairy.

Can you look at a person and tell if he is homosexual? Not usually. Many male homosexuals look very masculine. Most male and female homosexuals do not look different at all.

What makes a person a man or a woman? What makes him a homosexual? A person is male or female from the moment of conception. (See Advanced Lesson 7 and Primary Lesson 4.) How a person dresses or the activities he chooses doesn't change his sex nor make him homosexual. Homosexuality probably has to do with how the person was treated when he was young and the way he was brought up.

Am I a homosexual because I love or admire a person of my own sex? The student can be reassured that these feelings are normal, that eventually boys and girls become interested in close friendships and sexual relations with their opposite sex. The men and women who never give up their preferences for the same sex are homosexuals.

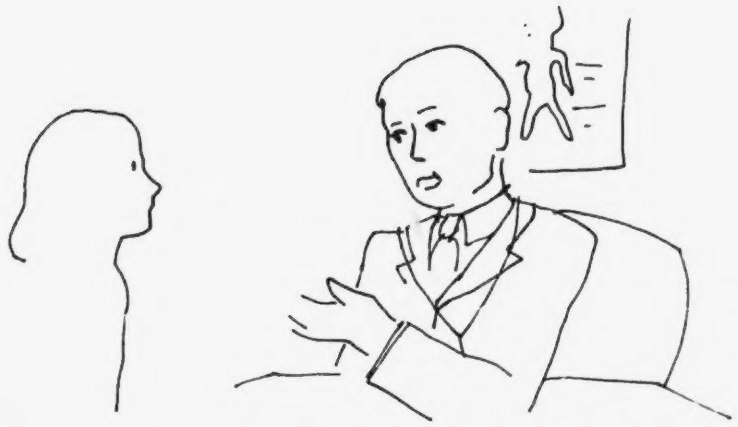
If I masturbate, does that mean I'm homosexual? No.

If I had sexual relations with someone of the same sex once, does that mean I'm homosexual? No.

What's wrong with being a homosexual? There is nothing morally wrong with choosing your own sex for gratification, but our society does not accept living a homosexual life as normal. Our society considers the relationship of dating and marriage for the eventual purpose of reproduction and a family as the natural way of life. The person who chooses to live as a homosexual is not fully accepted by most people. He is shunned, scorned and often refused a job. In many states homosexual acts are felonies punishable by imprisonment, although now public opinion seems to be that acts committed between consenting adults should not be illegal.

Will someone try to make me a homosexual? A homosexual is not basically a harmful person, but he or she sometimes will try to induce individuals to commit acts for his or her pleasure. One way to avoid getting into a situation with a homosexual is to avoid going places with strangers. Another is to avoid committing sexual acts just to please someone else.

**RESOURCE MATERIALS** Pictures of men in effeminate clothing and women in masculine style clothing



# 15. VENEREAL DISEASE

**SCOPE**

To present facts about venereal disease.

**OBJECTIVES**

1. Each pupil shall participate in a classroom discussion concerned with venereal disease by asking at least one appropriate question about the subject.
2. Each pupil shall be able to state that venereal disease is an infection resulting from sexual intercourse with an infected partner.
3. Each pupil shall list two symptoms and two eventual effects of syphilis and gonorrhea.
4. Each pupil shall name one place or person to contact in his local community if he suspects he may have contracted a venereal disease.

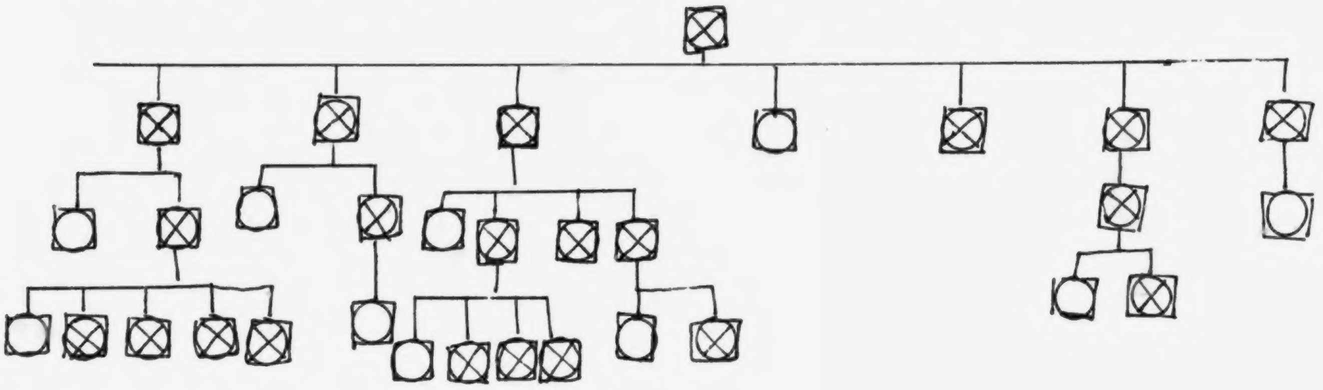
All of the knowledge needed to gradually wipe out syphilis and gonorrhea is available: information about cause and spread, adequate diagnostic procedures, effective treatment -- but the disease must be diagnosed and treated early.

Probably the students will have gained their knowledge of the diseases from their equally uninformed peers under such names as pax, lues, bad blood, syph, old Joe, clap, gleet, morning drop, a dose or the whites.

**SUGGESTIONS FOR THE TEACHER**

● Introduce the topic by asking the students to look up the term venereal disease in a dictionary. Point out that venereal disease is *sexually transmitted* or contracted. Discuss the beliefs that the disease is caught from a toilet seat or a door knob, etc.

● Display a syphilis chain of infection such as the following that has been adopted from the U. S. Public Health Service:



The X marked squares ☒ represent those infected with syphilis; the blank squares ☐ those who are not. Have the children count the number of people and the number of those infected.

- List the causes and source of infection of syphilis:
    1. Syphilis is caused by a germ called a spirochete.
    2. It is contacted through sexual intercourse with an infected person.
    3. The germ enters the body through oral, anal and genital areas. It needs moisture in order to live; it dies when exposed to air.
    4. A few hours after the germ enters the body it will be transported by the blood to other tissues and organs unless stopped by medical treatment.

- Ask the pupils if they know any of the symptoms of symptoms of syphilis. List those and anv thev mav have missed.
    1. Syphilis affects men and women in about the same way.
    2. In the early stage, chancres or sores appear on the body.
    3. Because antibiotics are frequently used for many other infections, signs of syphilis *may not appear at all.*
    4. The sores are full of germs and may be passed easily to another person.
    5. The sores will go away with or without treatment. However, unless the disease is treated, the germs multiply and spread inside the body.
    6. A second stage of the disease develops in three to six weeks. Signs of this stage are: rash, sores in the mouth, sore throat, fever, headache, falling hair.
    7. Secondary symptoms (signs of the second stage) also go away with and without treatment.
    8. After all outward signs disappear, the disease is in the latent or quiet stage. If it is not treated, it continues to spread and injure body tissues.

- Discuss the harmful effects of syphilis.
    1. Untreated syphilis may not cause pain for many years even though it is damaging to the tissues.
    2. Untreated syphilis causes permanent injury by attacking the heart, brain, spinal cord and other nerve tissues.
    3. Final results of untreated syphilis are blindness, insanity, deafness, paralysis, heart failure, and death.
    4. Syphilis infection during pregnancy may cause a still birth or permanent injury to the newborn.

- Ask the pupils what they would do if they thought they had contacted V.D. Talk about the dangers of self-treatment. Emphasize that only a trained physician can treat the disease. Discuss the confidential nature of a visit to the doctor. Tell the student that although he reports the case to the health department, if the student is 16 or older in Iowa, his record is as private as the doctor's file. The doctor will not even contact his parents.

Explain that syphilis can be diagnosed through blood tests and miscroscopic examination. Tell the students that although syphilis can be cured at any stage by the use of antibiotics, tissue that has been damaged cannot be replaced. Also point out that treatment and cure does not mean that a person will be immune; reinfection can and will occur.

- Introduce the term gonorrhea. List its causes and source of infection.
    1. Gonorrhea is caused by a specific germ. It is not the same disease as syphilis.
    2. Gonorrhea is usually contacted by intercourse with an infected person.
    3. It enters the body through the genitalia.
- Discuss the symptoms of gonorrhea. Contrast the difference between the male and female symptoms.
    1. Females generally do not observe any pain or outward sign in the early stage of the disease. The advanced stages may cause pain as the germ spreads through the uterus and tubes.
    2. Males notice a discharge from the penis within several days after the infection. There may also be itching and local irritation.
- List the harmful effects of gonorrhea and compare them with those of syphilis. Note that both diseases may infect the body at the same time.
    1. Untreated gonorrhea may cause sterility, blindness, arthritis, heart disorder, death.
    2. Pregnant females may pass infection on to a newborn during birth. Blindness may result.
- Discuss diagnosis, treatment and cure, comparing these to syphilis.
    1. Diagnosis is easy in the male if he reports the discharge to his physician. Microscopic examination of a smear will identify organisms.
    2. In females diagnosis may require laboratory cultures and takes a little longer (several days).
    3. There is no blood test for gonorrhea.
    4. Treatment will cure the disease but will not repair injured tissue.
    5. Early diagnosis and treatment is the only way to avoid permanent injury.
    6. Reinfection is possible after cure. There is no immunity for gonorrhea.
- Look up the statistics on the increase of V.D. and discuss the reasons for this increase despite modern medical knowledge and drugs, i.e., the increase in premarital and extramarital intercourse, the ability of gonococcus to develop immunity to new drugs.

- Ask the pupils to list ways in which they feel V.D. can be controlled.
    1. Following a strict code of sexual behavior prevents infection.
    2. Using a condom during intercourse.
    3. Early diagnosis and treatment is necessary to avoid permanent injury.
    4. It is dangerous to rely on quacks and home remedies.
    5. Since there is no immunity, reinfection must be avoided.
- Discover those resources that are available in the local community for the cure and control of V.D.
    1. Licensed physicians have the knowledge to provide successful treatment and cure.
    2. There are free clinics that diagnose and provide treatment.
    3. Community efforts depend entirely on cooperation of responsible individuals.
- Ask who is responsible for both his own health and the health of the community. Discuss how important case findings and individual cooperation are in controlling community disease.
- Discover and discuss the laws requiring premarital and prenatal blood tests. Explore the question, "Does the community have the right to enact laws regulating health practices of the individuals?"
- Discuss the relationship of V.D. to the current attitudes on sex and show that how the students feel about sex will greatly influence their chances of contacting venereal disease.
- Discuss and list what they can do if they feel they have contacted syphilis or gonorrhea.

**RESOURCE MATERIALS**

*Bibliography contains complete listing of references.*

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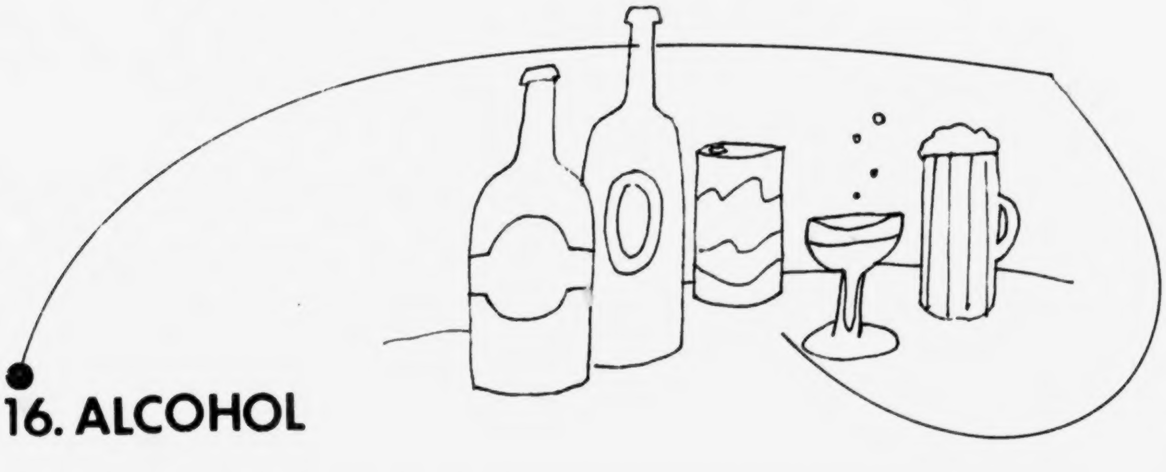


# 16. ALCOHOL

**SCOPE**

To help students learn about why people drink alcohol and about the effects that alcohol has on the human mind and body.

**OBJECTIVE**

1. The student shall state verbally or in writing three reasons why alcohol can be injurious to the health.
2. The student shall state verbally or in writing three reasons why uncontrolled drinking has social disadvantages.

There is a need for alcohol education. The alcoholic population constitutes a cross-section of American society. Intelligence, professional competence, family background, social status, economic wealth, occupational skills, and education play a minor role in preventing uncontrolled drinking. Studies indicate that programs in alcohol education and methods or teaching approaches vary in scope, objectives, and content.

The purpose of including a section on alcohol in this document is not to moralize, but to help students acquire the facts about alcohol and in view of the facts, help them decide how and when they will use alcohol.

For the most part, the young and physically healthy person is not impressed when told of the dangers to the body from excessive drinking. He has unbounded confidence in the endurance of his own body, and although he may imagine that someone else may be injured, it is difficult for him to believe that he will become a drunkard or will ruin his health by drinking. Teaching facts about alcohol should emphasize the relation of alcohol to physical strength, to personal appearance, to courage, to efficiency and usefulness as well as to its effect upon the internal organs of the body.

**BACKGROUND INFORMATION FOR THE TEACHER**

### Facts About Alcohol

*What is alcohol?*

Kinds of Alcohol

1. Ethyl alcohol (chemical formula - $C_2H_5OH$) frequently referred to as grain alcohol. The kind found in drink.
2. Methyl alcohol (wood alcohol). It is obtained by heating wood in a closed container, the resulting vapor is condensed into liquid. It is highly poisonous and when used as a beverage, death or blindness may result.
3. Denatured alcohol (ethyl alcohol, to which has been added methyl alcohol, benzine and other substances). Unsuitable for beverage.

Uses of alcohol in industry:

Alcohol has very wide and valuable utilization as:

1. Solvent in drugs, flavoring extracts, perfumes, hair tonics, shaving lotions and various cosmetics.

2. Source material from which plastics and certain synthetics come.

3. Source from which chloroform, ether and vinegar are produced.

4. Used in preparation of soaps, dyes, imitation leather, explosives, celluloid and photographic film.

5. Antifreeze in automobiles because of low freezing point.

6. May be used for heat and light instead of gasoline because it is highly inflammable and combustible.

Classification of alcohol:

1. As an anesthetic. According to science, alcohol is properly classed as an anesthetic. It produces a progressive descending depression of the central nervous system.

2. As a narcotic. Induces relief of pain accompanied by sleep or stupor.

3. As direct cause of damage to tissue and organs of the body.

4. As a direct cause of diseases of the nervous system especially the brain.

5. As a physiological depressant, not a stimulant.

Common misconceptions:

Alcohol:

1. Is not a stimulant.

2. Is not a tonic contributing to physical vigor.

3. Is not an effective aid to appetite.

4. Is not a valuable source of relief for discomfort of a cold, fever and minor aches.

*Frequent reasons offered for drinking:*

1. Social pressure - young people fall into custom without questioning its value.

2. Independence - it frequently enhances the feeling of importance of the individual (a so-called liberty) to do as he pleases.

3. Habit - many circumstances induce the adolescent to take his first drink. Habit may cause him to repeat the act of drinking until it becomes habitual with him.

4. Satisfaction - various people achieve satisfaction in life in different ways. Psychiatrists suggest the theory of satisfying the infantile (oral) urge.

5. Excitement - much of the drinking in adolescent years is motivated by the desire for excitement.

6. Relaxation - modern man works for long intervals with close application to the complicated tasks of life-producing tensions from which he must seek relaxation; so he reasons.

7. Escape - emotional insecurity. The individual is unable to meet the unpleasant phases of life and attempts to escape into a dream world of fantasy.

*Disposition of alcohol in the body.*

Individual reactions and tolerance.

1. The effect of all alcoholic beverages depends on the amount of alcohol, ounce for ounce, they contain.

2. Individuals vary in their tolerance for alcohol according to:
    Height and weight.
    Speed of consumption.
    Amount of food in the stomach at time of imbibing alcohol.
    Frequency of use.
    Emotional condition at the time of imbibing alcohol.
    Personality make-up: "alcohol-prone" individual.
    Nutritional status of the blood and especially the brain cell.

Physiological effects:

1. Effect on the cells and tissues:
    It does not build or repair tissues.
    May interfere with normal function of cells and tissues.

2. Effect on body functions.

    *Circulation.* Tends to affect the contraction or dilation of blood stream rapidly, requires no digestion and is absorbed into blood from stomach walls and small intestine.

    *Respiration.* Continued use decreases the air capacity of the lungs; later may tend to paralyze breathing centers.

    *Excretion.* Interferes with the flow of blood and the proper functioning of the skin in assisting to regulate the body temperature; creates an excess of uric acid and other waste for the kidneys to eliminate.

    *Nervous system.* Has a narcotic effect on the brain for long periods after its entrance and continues to exert its effects. (Refer to psychological effects.)

    *Liver and gastro-intestinal tract.* Impairs the normal function. May cause cirrhosis of the liver. (Refer to disease.)

3. Effect on nutrition.
   Alcohol provides calories but not vitamins or minerals.

   Excessive use interferes with the appetite for other foods and, therefore, may cause malnutrition, especially deficiency of Vitamin B due to poor diet.

Psychological effects:

1. It depresses the high function of the brain, impairing judgment and discrimination.

2. It blocks the inhibitors, thus causing a false sense of confidence and well-being.

3. All nerves that control movement are affected, thus impairing all movement, fine precise movements, such as typing, and gross movements, such as walking.

4. Reaction time is greatly decreased, thus interfering with driving and leading to accidents.

*Disease - based on excessive consumption.*

Physical

1. Cirrhosis of the liver. Shrinking and hardening of the liver, condition frequently found in alcoholics.

2. Polyneuropathy. Disorder of many nerves, brings burning sensation in the soles of the feet, pain in the legs and arms.

3. Pellagra. Disease due to lack of Vitamin B-complex.

4. Physical decline due to malnutrition, vitamin deficiency, anemia, fatty liver, general flabbiness and poor health.

Mental

1. Alcohol psychosis - delirium tremens (DT). Condition lasts 3-4 days; ends fatally in 10% of alcoholics.

2. Alcohol acts as a poison to the cells of the brain cortex, causing deterioration.

Alcoholic beverages and life expectancy.

1. Heavy drinking shortens the life span.
2. Life expectancy of abstainers and moderate drinkers is about the same.

*Alcoholism*

Definition. Alcoholism is a disease which refers to a departure of the mind or body from a state of normalcy of health or function.

1. Primary alcoholism. Those who from their very first drink are unable to control their desire for it, or those who through use over a great many years have developed an inability to take a drink or leave it alone.

2. Secondary alcoholism. Includes those who use alcohol for its sedative action as a means of escape from reality.

Possible theories as to cause.

There is much difference of opinion as to the cause of alcoholism. Some causes are related to the reasons offered for drinking previously mentioned.

Symptoms
1. Excessive drinking begins.
2. Blackouts occur and drinking becomes a felt need.
3. A need for morning drinks takes hold.
4. Drinking becomes acutely compulsive.
5. Solitary drinking is accompanied by alibis.
6. Unintentional excessive drinking is accompanied by alibis.
7. Alcoholic becomes aware of social, emotional and spiritual losses.

Treatment for rehabilitation
1. Team approach, medical, psychiatric, spiritual and sociological efforts working together.

2. Medical treatment:
   Aversion. Use of drugs to make alcoholic ill, if alcohol is taken.
   Tranquilizers. Prescribed by physician.

3. Psychiatric treatment. Trying to find the "reason" for excessive drinking.

4. Lay therapy. Psychological re-education.

5. Agencies. Public and private.

6. The family of the alcoholic play an important role in the rehabilitation of the alcoholic. Note number of member organizations formed for children and spouses of alcoholics.

*Efforts to control use of alcohol:*

1. Constitutional Amendments: Prohibition (18th) and repeal (21st).
2. Laws and ordinances regulating sale of alcoholic beverages.
3. Rehabilitation programs by clinics, hospitals, courts, industrial, religious and other social groups, self-help (Alcoholics Anonymous).

*Critical thinking for young people.*

Young people are frequently exposed to alcohol and social drinking. Profiteers sell teenagers alcohol illegally and thoughtless adults may serve teenagers drinks or permit parties with alcoholic beverages.

Complete avoidance, the best policy.
1. All medical authorities agree that drinking is harmful during the teen years.
2. Drinking is especially hazardous for new, inexperienced drivers.
3. Lowered inhibitions complicate the sex problem by permitting behavior that would otherwise be avoided.

Good mental health, the best precaution.
1. Strengthen personal resources and lessen need for false support.
2. Decide upon your own course of action in advance and stick to it.
3. Have the courage to follow best impulses even if you do have to be different.

**SUGGESTIONS FOR THE TEACHER**

- Have students bring commercial products that the label identifies as containing alcohol.

- Discuss the most frequent reasons offered for drinking.

- List and discuss the "13 Steps to Alcoholism".
  1. You have begun to drink.
  2. You start having "blackouts."
  3. You find liquor means more to you than to others.
  4. You drink consistently more than you mean to.
  5. You start to excuse yourself for drinking.
  6. You start taking a drink first thing in the morning.
  7. You begin to drink alone.
  8. You get "antisocial" when you drink.
  9. You start going on "benders."
  10. You know deep remorse and deep resentment.
  11. You feel deep nameless anxiety.
  12. You realize that drinking has you "licked."
  13. You get help or go under.

- Make a graph comparing the nutritional value of alcoholic beverages and of other foods.

- Discover the laws concerning intoxicated drivers. Invite a member of the police force to talk on the damage that alcoholism can do in the community, i.e., traffic accidents, crime rate, etc.

- Discuss briefly "Tests for Intoxication": Drunk-o-meter testing device. A person suspected of drunkeness is asked to blow up a balloon, and then his breath is tested for alcohol concentration.

- Blood test - more accurate, requires services of physician or technician.

- Urine test - widely used.

  In all these tests, the time that has elapsed between the drinking of the alcohol and the sampling of the body fluids has an important bearing on the interpretation that is made of the findings, since the body starts immediately to get rid of the alcohol.

- Point out that alcohol affects people differently and ask what relationship this has to the intoxication tests.

- Have students report on local ordinances relating to alcohol; sale of liquor to minors, penalties for infringement of the laws and misrepresentation of age.

- Investigate the attitudes of insurance companies toward users of alcoholic beverages.

- Discuss advertisements that make drinking attractive.

- Make a chart showing life expectancy of drinkers as compared with non-drinkers. Use insurance data.

- Prepare and present a report on one of the public or private agencies concerned with treatment or rehabilitation of alcoholics.

- Dramatize refusing a drink. Suggest ways in which the student can say no, i.e., firm *No thank you*, or *I have just finished one, Not just now, I've had enough, Could I just have a Coke, I'm really thirsty.*

  Have the students discuss what they would do in this case: Joe insisted on driving the gang home although he was drunk. Would you: Take the risk and ride along, call a taxi, take Joe's keys away to make sure he didn't drive, let Joe drive but not go along or let one of the other boys drive?

- Discuss the problem of serving alcohol at the students' parties. Ask how their parents feel about it and what the law states. Make a list of alternatives to alcohol, i.e., pop, punches, or homemade fruit drinks.

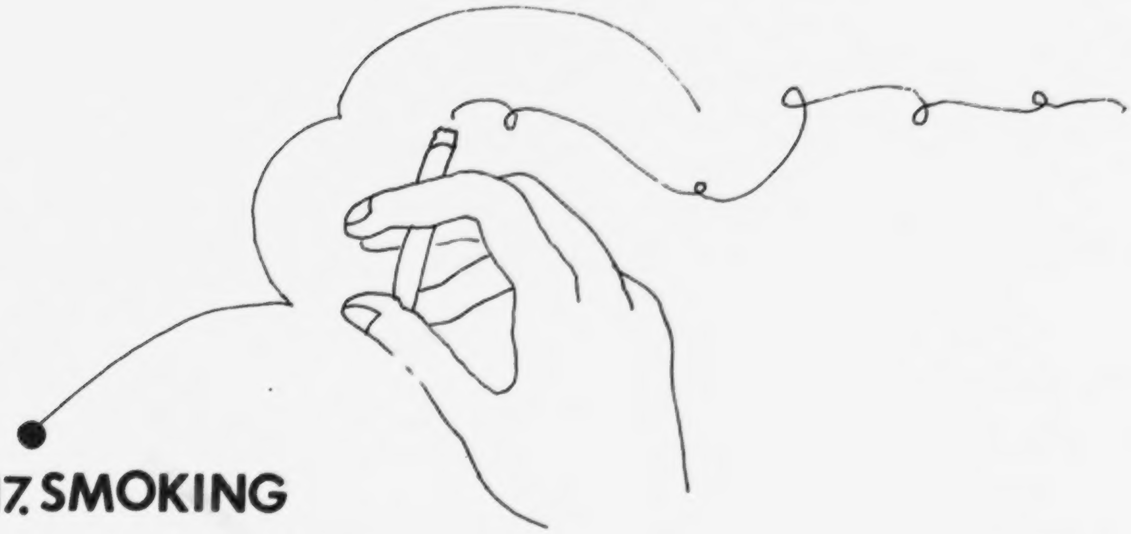
**RESOURCE MATERIALS**

*Complete listing of references in bibliography.*

McCarthy, R. G. *Facts about alcohol,* revised 1967.

*Thinking about drinking.* Children's Bureau and the National Institute of Mental Health, 1968.

Weeks, M. T., Jr. *13 steps to alcoholism: Which step are you on?*



# 17. SMOKING

**SCOPE**

To help the students inform themselves about the hazards of smoking.

**OBJECTIVE**

The student shall state orally or in writing three reasons why smoking can be injurious to health.

Young people hear contradictory statements and opinions about the use and effects of tobacco. Discussing the harmful effects of tobacco should help the students distinguish between fact and fiction and aid him in making a responsible decision regarding its use. The report of the Advisory Committee to the Surgeon General of the Public Health Service clearly states that cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action.

The risk of developing lung cancer and respiratory diseases increases with the duration of smoking and number of cigarettes smoked. The risk is diminished by discontinuing the habit. Smoking is a socially acceptable habit in spite of its obvious health hazards.

It is very important to stress that young people now have the benefit of accurate and scientific information that was unavailable to older people.

**BACKGROUND INFORMATION FOR THE TEACHER**

1. Tobacco is composed of several ingredients that are harmful. Tars and resins are tissue irritants.
2. The harmful effects of smoking are:
   - Irritation of respiratory membranes.
   - Dulling of the senses and lowering of mental efficiency.
   - Speeding up and irregularity of the heartbeat, increase in blood pressure.
   - Digestive discomfort and dulling of the appetite by interference with the gastric secretions.
   - Lung cancer - cigarette smoking is casually related to lung cancer in men. The data for women, though less extensive, points in the same direction. The risk of developing lung cancer for pipe smokers and cigar smokers is greater than for non-smokers, but less than for cigarette smokers.
   - Cardiovascular disease - male cigarette smokers have a higher death rate from coronary artery disease than non-smoking males. The association of smoking and other cardiovascular disorders is less well established.
   - Chronic bronchitis - cigarette smoking is the most important of the causes of chronic bronchitis in the United States and smoking increases the risk of dying from chronic bronchitis.

Emphysema - the smoking of cigarettes is associated with an increased risk of dying from pulmonary emphysema.

Peptic ulcer - epidemiological studies indicate an association between cigarette smoking and peptic ulcer which is greater for gastric than duodenal ulcer.

3. The tobacco habit and nicotine.

   Nicotine is rapidly changed in the body to relatively inactive substances with low toxicity. The chronic toxicity of small doses of nicotine is low in experiments with animals. These two facts, when taken in conjunction with the low mortality ratio of pipe and cigar smokers, indicate that the chronic toxicity of nicotine in quantities absorbed from smoking other methods of tobacco use is very low and probably does not represent a serious health hazard.

4. Significant facts from smoking, and health report of the Advisory Committee to the Surgeon General of the Public Health Service.

   The habitual use of tobacco is related primarily to psychological and social drives, reinforced and perpetuated by the pharmacological actions of nicotine. Social stimulation appears to play a major role in a young person's early (and first) experiments with smoking. This does not rule out physiological factors especially in relation to habituation, nor the existence of predisposing constitutional or hereditary factors.

   No scientific evidence supports the popular hypothesis that smoking among adolescents is an expression of rebellion against authority.

   Individual stresses appear to be associated more with fluctuations in the amount of smoking than with the prevalence of smoking.

   A smoker's personality has not emerged from the results so far published. While smokers differ from non-smokers in a variety of characteristics, none of the studies has shown a single variable which is found solely in one group and is completely absent in another. The tobacco habit should be characterized as an *habitation* rather than an *addiction* in conformity with World Health Organization definitions.

5. People smoke for several reasons.
   - Smoking is an old social custom.
   - Nicotine has a sedative effect.
   - Many people need a "prop" or an adult pacifier.
   - Teenagers often follow the adult pattern.
     - They want to be part of the group.
     - Smoking is a sign of growing up in some people's eyesight.
     - It often relieves tensions by providing something to do.

**SUGGESTIONS FOR THE TEACHER**

● Discuss why teenagers smoke, i.e., to follow the crowd, to prove they are growing up, for pleasure, for relaxation, for sociability, to reduce hunger cravings and to cover nervousness.

● Have the children look up the word nicotine in the dictionary. (As an extract it is used as a base for insecticides.) Discuss why insecticides are used and ask the class what possible harm they can cause man. Point out that tobacco is comprised mainly os nicotine and tar. Use this to lead into listing the possible harmful effects of smoking.

- Collect statistics on the occurence of cancer among smokers and non-smokers.

- Invite the athletic coach to talk on the effects of smoking on athletes. Estimate the cost of smoking and plan other uses for the money.

- Discuss fire hazards resulting from careless smoking habits.

- The teacher should collect materials for class from the Heart and T. B. Associations for information on smoking.

- Collect advertisements from magazines and newspapers that advocate smoking and discuss why and how they appeal to a person.

- Ask the children to take particular note of the anti-smoking commercials on T.V. Discuss the facts they present and how effective they appear to the students.

- Contact the local health department to discover any anti-smoking campaigns in the community.

- Demonstrate the different tar content of fully inhaled and partially inhaled smoke. Have a smoker puff on a cigarette, hold the smoke in his mouth and then blow it out through a white handkerchief. Compare the resulting stain with fully inhaled smoke. Ask the students what has happened to the tar from the inhaled smoke. Actively trace the passage of smoke through a model of the lungs. Repeat the above experiment with filtered and non-filtered cigarettes. Cut a filter in half after a cigarette has been smoked and note the tar collection.

- Try to find some smokers that have quit and ask them how they did it and if they have noticed any health improvements.

- Introduce the term "self-discipline" and talk about its relationship to smoking.

- Have the students write a list of reasons why they, individually, have decided to smoke or not to smoke. In making up their minds have them consider:
    The harmful effect on the body.
    The increased chances of getting cancer.
    The effect on athletic achievement and physical development.
    The high cost of the smoking habit.
    The alternate ways in which one may gain security and demonstrate poise and self-assurance other than by smoking.

- Remember that the image of the teacher is important. The teacher should be able to explain why one who is teaching the harmful effects of smoking continues to smoke herself.

- Have several class members whose parents smoke take their pulse before and after inhaling a cigarette and report their findings to class.

- Interview several smokers. Ask the question, "Should I smoke when I get older?" Report on the comments.

- Leave a shirt for several hours in a room where people are smoking. Compare the odors from this shirt with a fresh one.

**RESOURCE MATERIAL**

*Complete listing of references in Bibliography.*

Diehl, *Health and safety for you,* 1964.

Hammond, E. C. *Effects of smoking from Scientific American,* July, 1962.

*Health and family life education,* District of Columbia Public Schools.

Schiffers, J. J. *Healthier living,* 1965.

*Smoking: A social dilemma,* State of Iowa Dept. of Public Instruction.

Advertisements that advocate smoking
Filter and non-filter cigarettes
White handkershief
Picture of lungs
Two shirts

# 18. DRUG EDUCATION

**SCOPE**

To help students inform themselves about the facts and fallacies of drug abuse.

**OBJECTIVE**

The pupils shall demonstrate their individual concern about drug abuse by freely discussing drugs in class and by professing their determination to avoid using drugs.

> If we consider the instruments they use in their search ill-chosen, then it is our responsibility not to judge and condemn, but through our own example, knowledge and precedent, to demonstrate that there are better ways of finding significance, integrity and honor in the modern world. (Blakeslee, 1969)
>
> The goal should not be to eliminate drugs entirely -- that is impossible -- but the aim should be to control drugs and diminish their attractiveness by offering the only valid alternative -- a life of challenge and fulfillment. That can be a *turn on* and a much better one.
>
> Efforts to curb the drug problem cannot work without the presence of deeper social values. (Drugless Turn On, *Time*, 1969)

The use and abuse of mind affecting drugs is rapidly spreading throughout our country. Along with this wave of abuse are many problems, tragedies and misunderstandings. One of the most frightening aspects of the new drug trend is the effect it is having on the young people in America, i.e., alienation from adults, generally poor health, hepatitis, mental problems, drug dependence as a way of life and trouble with the police. Drugs are becoming a part of many young persons' lives no matter what their economic, social or ethnic background. Administrators, teachers and students must become better informed about the new drug scene which effects so many lives. This use and abuse of drugs presents a definate need for a drug education program in the schools.

Drug education in the schools is essential at every level and a program for the educable mentally retarded is especially necessary at this time. The EMR students' interest in drugs may stem from the same reasons as those for students of normal ability. The EMR is, however, more vulnerable to drug abuse because he may have a more difficult time understanding future consequences; he may be more sensitive to peer pressure to become part of a group, and because he may be in an area where drugs are obtained easily. He needs help and guidance in making his choices. The special education teacher does, therefore, have a difficult task ahead of her.

One of the first steps in setting up a drug education program for an EMR must be an awareness of why young people have found such a great infatuation with drugs. The reasons why young people turn to drugs must be recognized.

*Curiosity* -- With all the current publicity and use of drugs by fellow peer group members, a young EMR may find himself intrigued by this *scene.*

*Escape* -- It may be escape from pain, anxiety, fatigue, boredom, aggressive feelings, or other social and family problems.

*Thrill seeking* -- The use of drugs provides an element of excitement to young people.

*It's fun* -- Smoking marijuana, hash, or "tripping out" on some other drug is often a fun experience for a young person.

*Rebellion* -- Young people often try drugs because they aren't supposed to. This rebellion may be against parents, society or other authority figures.

*Shocking parents* -- A drug experience might be embarked upon simply to shock parents.

*Pressure* -- Drugs may be used to lessen or escape the pressure of school, demands of parents, the draft, etc.

*Going along with the crowd* -- Authorities have found that the majority of young people who *turn on* do so because their friends are doing it. Since much of drug taking is a communal affair, there are many situations where young people may be introduced to drugs by their friends.

*Pill oriented society* -- Ours is a society which needs a pill for everything. As Donald Louria stated in his book, *The Drug Scene* (1970), *We refuse to recognize that mental and physical health and well-being do not come in a bottle or a syringe.* Young people cannot help but be influenced by their parents' use of barbiturates, amphetamines, alcohol and tobacco. Our society is also guilty of being a sensate society. All our pleasures and feelings must be felt or acknowledged through the senses.

*Misinformation* -- One former drug abuser stated that if he had been correctly informed about the danger of the drug he was taking, he never would have started.

*Protest* --"It feels good" --Many youths find they are growing up in a materialistic, commercialized, impersonal society full of poverty, injustice and hypocrisy. They want no part of this world which they had no part in creating. Drug use may then serve not only as an escape from these things but may also serve as a protest against society.

A second major responsibility of the teacher is to *become well informed* about drugs. A section has been included in this document which offers some information about five categories of abused drugs: stimulants, depressants, narcotics, hallucinogenics and solvents. Inaccurate information often widens the credibility gap between young people and adults. Too often false information is presented as reliable and absolute.

For example, much of the controversy about marijuana, the degree of harm it produces, if any, and its control results from misinterpretation of the information.

> *The absence of complete agreement based on reliable evidence that a substance is harmful, does not, of course, demonstrate its harmlessness. Often, relatively long term use of a substance is required before its public health implications are apparent. Cigarette smoking provides an obvious and apt example.* (Student and drug abuse. *Today's Education,* HEW, 1969)

Other factors which the teacher needs to consider in order to effectively teach drug education follow:

*Avoid Scare Techniques* -- Scare techniques which try to discourage drug experimentation have usually been ineffective. In many cases the teenager's knowledge itself may contradict much of the data that the teacher is using to frighten him. Young people are very much aware of *lines.* They deserve truthful, honest and sincere approaches to drugs.

*Keep Communication Lines Open* -- Young people tend to know a great deal about drugs. They may, however, believe only one side of the issue while ignoring the other. Since much of the information they have picked up may be incorrect, a teacher can help to clarify the situation if she can communicate well. This means that she must be willing to listen. A relevant, frank discussion with all members of the class invited to participate is one way for the teacher to discover what her students know about drugs.

*Avoid Moralizing and Preaching* -- This approach can push a youngster toward experimentation with the rationale being, *I did it because I wasn't supposed to.* He was *turned off.* By presenting factual, honest information and by aiding the student to reason for himself, the teacher will be helping students.

*Avoid Panic* -- Teachers are in an excellent position to encourage parents, students and the community to remain level-headed about drug abuse. A panic reaction to a student or a parent can result in further alienation or confusion about drug abuse.

*Avoid Creating an Unpleasant Atmosphere* -- Distrust and suspicion are easily recognized by students. Some parents and teachers may assume that any departure from the styles and customs of the majority of society indicate drug abuse, i.e., long hair, beads, wire-rimmed glasses. Young people who have tried drugs come in all shapes and sizes. So do those who don't use drugs. If a teacher attempts to relate personal appearance with drug abuse, she may encourage the behavior she is trying to avoid. Such suspicion may break the climate of trust and confidence which is essential for successful communication.

Educators must be aware that it is an oversimplification to say that drugs are causing the problems of youth. Drug abuse is a symptom of more basic problems in our society.

*Be a Better Model* --Young people are searching for models. They seem, however, to reject the establishment, because the establishment is often a poor model, hypocritical, war-like and materialistic. Adults need to influence young people by being honest, trusting and receptive.

*Use Constructive Outlets* -- Administrators at college, high school and junior high level are facing problems concerning the expenditure of youthful energy. One way might be to establish basic encounter groups. Such groups can provide vehicles of communication and sounding boards for everyone. "Let the hippies, drug users, and militants have their say. Let us accept confrontation by them." (Phi Delta Kappa - Demos., Drug Abuse and Generation Gap).

*Expand Counseling for Young People* - Group experience of all kinds and for all students should be provided in our schools. Teachers and administrators need to become involved with all kinds of students.

*Be Flexible* -- Flexibility may be the key to successful drug education. This includes integrating discussions of drug abuse into the general curriculum whenever possible rather than limiting it to a special unit or lecture.

An example of an integrated approach to drug abuse education is taken from *Drug Abuse Education, Jr. High School - A Guide for Teachers,* Office of the Superintendent of Schools, Orange County, California (1969):

*Relate Drug Abuse to Social Studies*

1. History of drugs.
2. Legal aspects of drugs.
3. Role of legislature, congress, judiciary, law enforcement in control of drug abuse.
4. Effect of drug abuse on community.
5. Social pressure for and against drug abuse.
    - Influence of peer group.
    - Personal values and decision-making.
    - Short and long range goals.

*Relate Drug Abuse to Science*

1. Chemical makeup and action.
2. Physical and mental effects.
3. Immediate and long range effects.
4. Research.

*Relate Drug Abuse to Physical Education*

1. Physical and mental effects.
    - General health
    - Nervous system
    - Coordination and ability to perform
2. Drug user as a member of a team.
    - Effect on fellow players.
    - Can he contribute adequately?
3. How can physical education help prevent drug abuse?
    - Help to develop teamwork and sense of responsibility.

*Relate Drug Abuse to Home Economics*

1. Physical and mental effects.
2. Effect on family.
    - Personal relationships
    - Expense
    - Fear
3. Parents' role
    - Awareness of problem, symptoms, etc.
    - Development of goals and values.
    - Communicating with children - *listening.*

*Relate Drug Abuse to Health Science*

1. Any or all previously mentioned.

Just recently various services have been established in Iowa to help with the drug abuse problem. For example, the Iowa Regional Medical Program has received a request for $4,000 from a group of medical and pharmacy students for a drug education program.

The Student Project for Education on the Effect of Drugs (SPEED) plans to use the grant money to publish and distribute a drug information syllabus for high school students. SPEED's purpose is to educate students about the medical effects of drugs without taking a definite stand on the question of drug abuse.

The Governor of Iowa has revealed a plan for a drug center. This center would aid in curing rather than arresting drug addicts.

A Crisis Center was established in Iowa City in September of 1970 to deal with people with problems, including those having to do with drugs. Such a center exists in Cedar Rapids and several other Iowa communities.

The elementary school offers the opportunity to present instruction concerning good health practices and drug education. The New York City School System begins programs concerning drug abuse in the fourth grade. The San Francisco School District has developed a program which begins in kindergarten.

In the early grades a teacher should attempt to develop an awareness of drugs, household chemicals and their uses. Information about drugs can be included as a part of health instruction.

Such programs can be implemented in a developmental sequence up through college age students. The important fact remains and must be recognized that drugs can and are being used at every grade level. Education must, therefore, begin early.

An example of a developmental program taken from *Outline of Instruction, Drugs and Hazardous Substances,* San Francisco Unified School District, 1969-1970, follows:

| | |
|---|---|
| Grade K | Helping parents keep the family well. |
| Grade 1 | Advertising as an unreliable source of health information.<br>Personal safety precautions.<br>Protecting younger children. |

| | |
|---|---|
| Grade 2 | Familiar people who protect health.<br>Safe use and storage of medicines.<br>Helping parents keep younger children safe and well. |
| Grade 3 | Hazardous household chemicals.<br>Caffine in common beverages.<br>Over-the-counter drugs.<br>Cigarettes and breathing efficiency.<br>Alcohol: Industrial and ceremonial uses. |
| Grade 4 | Common drugs and hazardous substances.<br>Smoking and health.<br>Drinking: motivations; alcohol as a depressant drug. |
| Grade 5 | Safe use of household and garden chemicals, and common drugs.<br>Decision making.<br>Stimulant and depressant drugs: Use and misuse.<br>Pressures to experiment with smoking and drinking.<br>Marijuana.<br>Laws about drugs. |
| Grade 6 | Motivations for drug misuse and abuse.<br>Synergistic action of some drugs.<br>Legal controls: local, state, national, international.<br>Effects of certain hazardous sybstances: volatile chemicals, over-the-counter and prescription drugs, nicotine, alcohol, marijuana, and other reality-altering drugs. |
| Grade 7<br>*Health Education* | Pressures to experiment with drugs.<br>Legitimate and illegitimate uses of drugs.<br>Safe use and storage of household drugs.<br>Marijuana. |
| Grade 8<br>*Science* | Physiologic and psychologic effects of drugs on the human nervous, circulatory and respiratory systems: alcohol, nicotine and tars, hallucinogens.<br>Motivations for experimenting with drugs. |
| Grade 9<br>*Social Studies* | Cultural and ethnic patterns of self-medication.<br>Narcotic dependency.<br>Social and economic aspects of drug misuse and abuse.<br>Community efforts to treat and rehabilitate drug dependents.<br>Legal controls: local, state, national, international.<br>Personal and social responsibilities. |
| Grade 10<br>*Family Life Education* | Immediate and long-range effects of drugs and hazardous substances.<br>Decision making.<br>Drug dependency.<br>Personal, family and community responsibilities.<br>Personal and social motivation.<br>Presentation, treatment, rehabilitation.<br>Community resources.<br>Legal controls. |

| | |
|---|---|
| Grade 11<br>*Health*<br>*Education* | Modern drugs used in treating and preventing illness.<br>Drug misuse and abuse as a contributing cause of chronic and degenerative diseases and disorders. |
| Grade 12 | Drug misuse and abuse as an urban problem.<br>Social and economic aspects of drug abuse. |
| *Civics 2* | Community controls: local, state, national, international.<br>Personal and social responsibilities. |

SUGGESTIONS FOR THE TEACHER

- One of the best ways to inform a class about drugs is to involve the students themselves. Let the students ask questions, find information and discuss! Some discussion topics:
  - Health and illness: What keeps us healthy, what may make us ill?
  - The uses of medicine for prevention and cures of disease.
  - The dangers of medicine when used improperly.
  - Abuses of non-medicinal substances like glue.
  - The effect of addicition on one's life (social behavior and health).
  - How students might help in solving drug abuse problems.
  - Manner in which boys and girls are introduced to drugs.
  - Ways to handle situations where drugs or other abused substances are offered.
  - How drug abuse effects the community.

  Those community groups which are interested and concerned with the problem:
  School Church Group Police Department Health Department
  PTA Medical Profession Pharmacuetical Profession

  - Drug implication of modern songs and singing groups, poets and books.
  - The difference between drugs sold over the counter and those which need a prescription.

- Take a survey of what students want to know about drugs.

- If students are interested in seeing some drugs, have them visit a drug store or invite a physician, pharmacist, pharmacologist, or policeman to bring a sampler to the classroom.

- Have students bring in clippings and magazine articles about drug use or problems. They can prepare their own summary or comments and present them to the class.

- Install a question box where students can submit questions or problems for discussion.

- Investigate Addicts Anonymous (an organization similar to Alcoholics Anonymous).

- Suggest students write a play or short sketch about situations where drugs might be introduced, i.e., at a party, by close friends, at a public place.

- Invite a resource person to speak to the class, i.e., former addict, drug abuser, policeman, physician. Follow the talk with a discussion and question period.

- Use films, filmstrips, movies, pamphlets and records to stimulate interest and discussion.

- Have students ask parents about the kinds of dangerous substances that might be in their homes and how younger children can be protected from them.

- Display some dangerous household substances, i.e., paint thinner, ammonia, turpentine, furniture polish, liquid cleaners. Describe their use to the class and tell how students can protect themselves from the damage of inhaling or drinking these substances.

- Have students make labels which warn of danger for items at home.

- Have a committee study drug advertisement by mass media. Have the committee bring in drug ads from magazines, tapes of drug ads on TV or radio, and discuss the ideas in the ads.

- Pick out several real case histories concerning the use of dangerous drugs and their effects (newspaper or magazine accounts). Have the class discuss the dangers of indiscriminate drug use.

- Select a committee to research state and federal laws concerning the use of dangerous drugs. Discuss the reasons for the laws and the responsibility of people to uphold them.

- Invite a chemistry or biology teacher to talk to the class about the nature of dangerous household chemicals.

- Select a committee to do some research on the history of drugs. Include man's early search to relieve pain, drugs derived from natural sources, development of synthetic drugs.

- Select a committee to make a chart listing dangerous drugs and their effect on the body.

- List reasons why a person might take dangerous drugs other than when prescribed or might take them in larger doses than prescribed.

- One student or one group of students can choose one drug and do extensive research on it, i.e., how it is grown, made and marketed.

- Investigate any non-fiction or novels the students can read about the drug scene. *Tuned out* by Maia Wojciechowska, is one novel for young people.

## TECHNICAL INFORMATION FOR THE TEACHER

The following section of technical information is by no means complete. Its purpose is to inform the teacher about some of the drugs which are available and which may be abused by young people. It is of utmost importance that a teacher presenting information about drugs to her students be informed about the drugs herself. Once a teacher provides false information, the student may take the attitude that "now I can't believe anything she says."

Any drug education which is not completely honest will fail. If you don't know the answer to any questions, find out by consulting a reputable source. One of the largest problems in the drug abuse scene is ignorance about drugs themselves.

## STIMULANTS

Stimulants are a group of drugs which can directly stimulate the central nervous system. The most widely used stimulant in this country is caffeine, which is an ingredient found in coffee, cola and tea. Since the effects of caffeine are fairly mild, its use is considered socially acceptable and not a true abuse problem. Stimulants considered much more potent and which can be abused include cocaine and the synthetic stimulants such as amphetamines, methamphtamine and phenmetiazine. The best known of these are the amphetamines.

### Amphetamines

*Description:* The amphetamines are non-narcotic drugs which can be obtained legally only with a doctor's prescription. The drug is best known for its ability to combat fatigue and sleepiness. It may also be prescribed for overweight individuals to curb their appetites; in cases of narcolepsy (a disease characterized by an overwhelming desire to sleep); for Parkinson's disease; in cases of minor mental depression because of its ability to introduce feelings of well-being and energy; in treatment of alcoholism and also to treat children with behavior problems.

*Identification:* Amphetamines may be known to drug abusers as "pep pills," "wake-ups," "co-pilots," "footballs," "hearts," "peaches," "truck drivers," "bennies" or "speed." The slang names applied to them are frequently derived from the colors, shapes, trade names, effects or their use.

Examples:

Amphetamine sulfate is heart-shaped, rose colored tablets known as "peaches," "roses," "hearts," or "bennies."

Amphetamine sulfate in round, white double scored tablets is referred to as "cartwheels," "whites," or "bennies."

Long acting amphetamine sulfate capsules may be found in many colors and called "coast-to-coast," "L.A. turnabouts," "co-pilots," or "browns."

Amphetamine sulfate in oval shaped tablets, also available in many colors may be known as "footballs" or "greenies."

Injectable amphetamine is called "bombido," "jugs," or "bottles."

Dextroamphetamine sulfate in orange colored, heart shaped tablets is known as "hearts," "oranges," or "dexies" (after the trade name Dexedrine).

*Abuses and Effects:* Because the body develops a tolerance to amphetamine, the abuser may increase his dose gradually and thus exaggerate the drug's normal effect. Larger doses may produce the following effects:

1. Physical -- dry mouth, sweating, headache, diarrhea, paleness, enlarged pupils, increased heart rate, tremor of the hands, loss of appetite, weight loss, high blood pressure and restlessness.

2. Mood -- may include euphoria, feelings of well being, talkativeness, reduction in awareness of fatigue, tension, unclear speech, and jitteriness

3. Continued use may result in high blood pressure, abnormal heart rhythm, heart attacks, and suicidal attempts. They may also be responsible for severe emotional disturbance, toxic psychosis or paranoid reactions, delusions and hallucinations, both auditory and visual.

*Dependence*

The drug has a potential for tolerance.
The drug has a potential for physical dependence.
The drug has a high potential for abuse.
The drug has a high potential for psychological dependence.

### Methamphetamines

*Description:* This drug, a member of the amphetamines, deserves special consideration because of the great publicity it has recently received. Known as methadrine or "speed" this drug induces more central nervous system activity. When used under careful supervision, methamphetamine may have several benefits like those mentioned in the amphetamine section.

*Identification:* Methamphetamine, which is available only by prescription, is available under a variety of trade names. It may also be available from illicit channels in a variety of forms, i.e., crystalline powder, tablets or liquid. Slang terms for the drug include "speed," "meth" or "crystal."

*Abuses and Effects:* The abuse of "speed" is more widespread than ever before. Abusers may build up doses to more than 100 times the medical dose and may do so several times per day. Acute toxic states and serious outcomes may develop. Toxic effects of "speed" are manifested by increased activity without the necessary judgment which should accompany such a state. Irritability, confusion, delirium, hallucinations and assaultiveness may occur followed by severe depression and fatigue. Long-term use can lead to intoxication, toxic psychosis, and abnormal mental states. Sexual interest is also enhanced. An additional danger to those who "mainline" or "shoot" methamphetamine as an injection, is the possibility of hepatitis and infection from non-sterile equipment.

The danger of methamphetamine abuse is known even among hippies whose drug culture slogan, "speed kills" describe its qualities. As one hippie said, *That stuff is no good, man; it makes your mind like a piece of swiss cheese.*

*Dependence*

Physical dependence does not develop.
Severe psychological dependence can occur.
Tolerance can occur, especially in effects to the nervous system.

### Cocaine

*Description:* Cocaine is obtained from the leaves of the coca bush found in several South American countries. It is a white crystalline powder which is odorless, has a bitter taste, produces numbness of the tongue. Once used as a local anesthetic cocaine has lately been replaced by newer less toxic drugs.

*Identification:* Cocaine may often be referred to as *coke* or *snow.*

*Abuses and Effects:* International control measures have reduced the abuse of cocaine. Although the leaves of the bush are often chewed, cocaine may be either sniffed or injected directly into the veins. Its abuse tends to be more sporadic than that of heroin. Because cocaine can intensely stimulate, the abuser may voluntarily seek sedation. Such need has given rise to the use of a depressant drug, such as heroin, with cocaine or alternating the drug with a depressant.

In some cases cocaine may produce violent behavior. Cocaine may also cause a genital rash and a feeling similar to an orgasm. The stimulating effect may result in excitability, talkativeness and a reduction of fatigue. Cocaine may also produce a sense of euphoria, muscular strength, anxiety, fear and hallucination. Stimulation may be followed by periods of depression. An overdose may so depress respiration and heart function that death results.

*Dependence:* Cocaine does not produce physical dependence and tolerance does not develop, therefore, an abuser seldom increases his customary dose. When his supply is cut off an abuser seldom experiences withdrawal symptoms although he may feel depressed and hallucinate. Strong phychological dependence and the desire to reexperience the stimulation leads to its chronic abuse.

## DEPRESSANTS

The depressants, sedatives or hypnotics, include the barbiturates which are the most widely abused drugs in this group. The barbiturates depress the central nervous system.

### Barbiturates

*Description:* The barbiturates are a member of a large family of drugs devised from barbituric acid. First developed in the 19th century, these drugs have been synthesized and prepared for medical use under several trade names. Available legally only with prescription, the barbiturates are used in small doses to induce relaxation or sleep. They may also be used in cases of acute anxiety, hyperthyroidism, high blood pressure, eiplepsy, insomnia, some forms of mental illness and to relax a patient before surgery.

*Identification:* These drugs are available in liquid, tablet, capsule, and other forms. Barbiturates are known to drug abusers as "barbs," "goofballs," "sleeping pills," or "peanuts." Specific types may be identified by their color or shape. Examples:

Phenobarbital Sodium in solid yellow capsules: *yellow jackets, yellows,* or *nimbies.*

Secobarbital Sodium in red capsules are called *reds, pinks, red birds, red devils,* and *seggy* or *seccy.*

Amobarbital Sodium combined with secobarbital sodium in red and blue capsule form are known as *rainbows, red and blues,* or *double trouble.*

Amobarbital Sodium in solid blue capsule form is known by abusers as *blues, blue birds, blue devils* or *blue heavens.*

*Abuses and Effects:* Barbiturates are the most widely used mind affecting drug for which doctors write a prescription. The short-acting types such as phenobarbital and secobaribital are the most widely abused. When used in normal medically prescribed doses their use may mildly depress action of the nerves, skeletal muscular and heart muscle. Continued and excessive use may result in slurring of speech, staggering, loss of balance, and falling, quick temper, quarrelsome disposition, euphoria, impaired judgment, retarded reaction time, coma (with dangers of pneumonia and death) and sleep induction. Overdoses, particularly when taken with alcohol, may result in unconsciousness and death. Statistics reveal that more people die as a result of barbiturate poisoning than any other kind of poisoning.

*Dependence:* Although physical dependence does not usually develop with normal usage, it does occur with excessive doses of the drug. A tolerance is also developed. Withdrawal symptoms are usually exceedingly dangerous, even more so than narcotic withdrawal, and may cause death.

The drug has a potential for tolerance.
The drug has a potential for physical dependence.
The drug has a high potential for abuse.
The drug has a high potential for psychological dependence.

*First Day:* Nervousness, anxiety, nose itching, tremor, weakness, insomnia, nausea, change in blood pressure, and increasing discomfort.

*Second and Third Day:* Convulsions which are dangerous and possibly fatal.

*Later:* Mental confusion, delirium, hallucinations and exhaustion.

*Usual Single Adult Dose:* 50-100 MG.

*Duration of Action:* Four hours.

## NARCOTICS

Narcotics, medically defined, are drugs which produce a depressant effect upon the central nervous system. This term generally refers to opium and drugs made from opium such as heroin, codeine and morphine. These drugs are distilled from the poppy flower. In addition, a number of synthetic drugs (meperidine and methadrone) called opiates are also classified as narcotics under the federal law.

*Heroin:* This drug is known to the addict as *h, horse, scag, white stuff, sugar, smack, dope, doojee, Harry, hairy,* or *job powder.* The most popularly abused narcotic, heroin, produces a feeling of intense euphoria. A rapid tolerance also develops which demands that the abuser must ingest larger quantities to get his *kicks.* The heroin user usually progresses from "snorting" (inhaling the powder like snuff) to "skin popping" (injecting it directly into the bloodstream) - mainlining gives the most rapid and pronounced effect.

Heroin is synthesized from morphine and is up to ten times more potent in its pharmacological effects. Pure heroin is "cut" or diluted with a substance like milk, sugar, quinine, or both.

*Morphine:* Known as *white stuff, m, hard stuff, morpho, unkie,* and *Miss Emma.* It is the choice drug for pain relief but runs second to heroin as a drug of abuse. Morphine is widely used by addicts, especially when heroin is difficult to obtain.

*Codeine:* Usually abused in the form of exempt narcotics such as cough syrup, and is less potent and less addictive than heroin or morphine. Less severe withdrawal symptoms occur than with more potent drugs.

*Hydrocodone (Dehydrocodeinone)*: Was once popular when classed as an exempt narcotic. Since it has been reclassified as a narcotic, little effect has been made to obtain the drug in large quantities.

*Hydromorphone:* Like morphine is the next choice after heroin. Although the drug is almost as potent as heroin, it does not seem to have the thrill associated with mainlining heroin.

*Meperidine:* Was claimed at first to be non-addicting. Further research has proved otherwise. The addiction to meperidine is slower to develop and less intense than with morphine.

*Oxycodone:* Has just recently been classified as a high addiction potential drug. The drug may be taken orally or dissolved in water, filtered and "mainlined."

Exempt narcotics are those preparation which, under Federal Law, contain small amounts of narcotic drugs, may be sold without a prescription but in limited quantities.

The best known of these exempt narcotics are paregoric and certain cough mixtures. Paregoric contains opium extract while the cough medicines may contain small amounts of codeine. Although these mixtures are reasonably safe, they have been abused.

*Abuse and Effect:* Since these drugs depress the nervous sytem they may produce effects which create drowsiness, induce sleep, and reduce physical activity. Certain side effects include nausea, vomiting, constipation, itching, flushing constriction of pupils and depressed respiration. Loss of appetite, temporary sterility, euphoria, coma and stupor may also result. The abuse of narcotics dates back to ancient times and is still a serious problem.

The appear of these morphine-like drugs lies in their ability to reduce both psychological and physical sensitivity. They may also produce a sensation of euphoria. They dull fear, tension and anxiety. Under the influence of narcotics, the abuser is usually indifferent to his environment and personal situation. For example, a pregnant addict will often continue use of the drug although she knows her baby will be addicted at birth and may die shortly after its birth unless medical treatment is given at once.

Other effects of abuse may occur indirectly. Because addicts do not feel hungry, they may suffer from malnutrition. They also become so preoccupied with taking drugs they neglect themselves. Their nutritional status is poor and infections occur easily. Contaminated drugs may be injected intravenously, poor or unsterile techniques or equipment may be used. This can result in hepatitis, septicemia (blood poisoning) or absess of liver, brain and lungs.

The addict also lives under the constant threat of an overdose, which can occur in several ways. An addict may miscalculate the dose or the drug may be stronger than he anticipated. Death from narcotic overdose is due to respiratory depression.

*Dependence:* Chronic misuse of narcotics may lead to both psychological and physiological dependence. Tolerance develops and requires increased doses to produce the desired effects. As the need for the drug increases, the addict's activities become more drug centered.

Serious withdrawal symptoms may include nervousness, anxiety, sleeplessness, yawning, running eyes and nose, sweating, enlargement of pupils, "gooseflesh," muscle twitching, severe aches in back and leg muscles, hot and cold flashes, vomiting, diarrhea, increase in respiration rate, blood pressure and temperature. A feeling of desperation may also occur with an obsession to sexure a "fix." The intensity of the symptoms varies with the degree of physical dependence and the amount of drug used.

Usually the withdrawal symptoms begin about 8-12 hours after the last dose. The most intense symptoms reach a peak in 36-72 hours. After this point, the effects may diminish over a 5-10 day period, but nervousness, insomnia and muscle aches may continue for several weeks.

1. The drug has a potential for tolerance
2. The drug has a potential for psychological dependence.
3. The drug has a potential for physical dependence.
4. The drug has a high overall potential for abuse.

*Reasons Why the Drug May be Sought by its Users:*

1. To get high.
2. As an escape.
3. Avoid withdrawal symptoms.
4. To conform.
5. To rebel.

*Usual Single Adult Dose*

| | |
|---|---|
| Heroin | 5-10 Mg. |
| Morphine | 15 Mg. |
| Codeine | 35 Mg. |
| Demerol | 1 tablet |

*Duration of Action* - 4 hours

## HALLUCINOGENS

*Description and Identification:* Hallucinogens make up one of the categories of dangerous drugs in which distortion of perception, dream images and hallucinations are characteristics. These drugs include mescaline, lysergic acid diethylamide (LSD), psilocybin and demethyltryptamine (DMT). At present they are of use medically only for research. Since the hallucinogens have yet to be proved valuable medically, there are neither standard dosage forms nor markings which make identification possible. Illicit laboratories produce hallucinogens in the form of capsules, tablets, powder or liquids while peddlers and pushers utilize various methods to transport the drug. LSD has been found in sugar cubes, candy, paper, aspirin, jewelry, liquor, cloth and back of postage stamps.

*Abuse and Effects:* Hallucinogens usually distort or intensify the user's sense of perception and may also lessen his ability to discriminate between what is real and what is unreal. Hallucinations may take the form of seeing sounds, feeling or hearing colors. Judgments of direction, time, distance, objectivity and perception may be out of proportion. The user may be restless and unable to sleep until the drug wears off. His pupils are dilated and his eyes may be extremely sensitive to light. Mental effects are unpredictable, ranging from illusion or withdrawal to exhilaration. The unpredictability of the drug represents its greatest danger. Since LSD is one of the best known of the hallucinogenic drugs, the following section includes a more complete description of this drug.

### LSD-25 (Lysergic Acid Diethylamide)

*Identification:* LSD 25 is an odorless, tasteless and colorless chemical which, when taken even in the smallest dose, may cause the mind to react in unpredictable ways.

Known to its users as "acid" it is derived from the ergot fungus of rye, a disease of the rye grain. It comes in liquid or powder form - a single ounce of which is enough to produce 300,000 average doses.

*Effects and Abuse:* Physical reactions to LSD may include nausea, dilated pupils, goose bumps, profuse perspiration, increased blood sugar and rapid heart beat. Shaking of hands and feet, a flushed face or paleness, a wet mouth, irregular breathing and loss of appetite may also occur.

Phychological effects may include various visual changes followed by severe changes in mood; walls may appear to move, colors may shift in brightness and may seem more intense. Senses may seem more aware. The user may suffer loss of depth and time perception.

After the "trip" the abuser may suffer from severe anxiety and depression. Hallucinations may reoccur days or months after the last dose.

*Dependence:* Although regular use of LSD may not lead to physical dependence, a certain psychological addiction may develop if the experience is pleasant. Regular use may build a tolerance to the drug thus demanding that doses be increased for better effects.

Usual Single Adult Dose: 250 Mg.
Duration of Action: 8-12 hours

*Social Effects:*

The drug has a potential for tolerance.
The drug does not have a potential for physical dependence.
The drug does have potential for psychological dependence.
The drug has a high potential for abuse.

*Other Dangers from LSD:*

1. Panic - The abuser may panic when he cannot stop the drug's action. He may fear he is losing his mind.
2. Paranoia - The user may become suspicious and feel everyone is after him. This feeling may last 72 hours after the drug has worn off.
3. Recurrence - The user may continue to see and hear things that occurred during his trip for days, weeks, and even months after the last dose. These recurrences may make him feel like he's going insane.
4. Accidental death - The user may try to leap out a high window or walk in front of a moving car because he feels he can fly or float.

5. Mental illness - Since reactions to LSD may range from great worry, panic or depression, medical experts point out that the experience may cause acute or even long lasting mental illness.
6. Possible birth defects - Recently, a number of investigators have been studying the effects of LSD on chromosomes. Some scientists have reported that the drug causes chromosomal changes or damage when it is added to a tissue culture of white blood cells. Others report that the chromosomes of some individuals who presumably have taken LSD show unusual breaks. Some scientists have also discovered fetal damage when LSD was administered to pregnant rats and mice. Others have described human birth defects in babies whose mothers said they took LSD. Although no direct link has been found to show that LSD causes chromosomal breaks or even that such breaks cause birth damage, the preliminary evidence is arousing the concern of scientists and medical men. Medical authorities warn there is a definite risk involved in using the drug.

## Other Hallucinogens

*Mescaline* (peyote) is a drug derived from the peyote cactus plant and has been used for centuries by Indian tribes of Central America. Peyote is generally gound into powder and taken orally. A dose of 350-500 mg. can produce illusions and hallucinations for 5-12 hours. Mescaline may not produce physical dependence, but may cause psychological addiction.

*Psilocybin* and *Psilocyn* are derived from plants and from certain mushrooms grown in Mexico. Their effects are very much like those of mescaline except that a smaller dose is used. Usually 4-8 mgs. may produce an experience which lasts about six hours. Psilocybin and psilocyn do not produce physical dependence, but users may build up a tolerance for them.

*DMT* (dimethyltryptamine) is a more recent addition to the list of hallucinogens. It is found in the seeds of certain plants grown in the West Indies and South America. The powdered seeds have, for centuries, been used as snuff called *cohoba.* DMT is not taken orally, but is inhaled from the smoke of burning seeds, powder mixed with tobacco, parsley leaves or marijuana. It may also be injected. A single dose of 60-150 mgs. lasts only 45-60 minutes and produces hallucinations. It may cause psychological dependence.

*Ibogaine* is derived from the roots, back and stem of an African shrub. High doses cause intoxication, excitability, mental confusion and hallucinations.

*DET* (diethyltryptamine) is one of the newer drugs to be brought under federal control. It can be produced easily in the laboratory. DET may be injected into the veins in doses of 50-60 mgs. which will produce visual distortions, a vague sense of time and dizziness. DET is usually taken by smoking it with a mixture of tea, tobacco, parsley or marijuana.

*DOT* known as STP appeared in the spring of 1967. Little is known about the drug; it has been reported to be stronger than LSD. Doses of 1-3 mgs. can produce hallucinations lasting 8-10 hours. STP is not found in nature but is synthesized in the laboratory.

*Bufotenine* is chemically related to DMT. It is derived from the dried glandular secretions of certain toads or from the amanita fungus. Bufotenine may be used as a snuff or injected in doses of about 15 mgs. The results may include alterations of time, depth perception and hallucinations. It also has dangerous physical effects, especially on blood pressure.

*Marijuana* (Marihuana) is considered to be a hallucinogen although it is chemically distinct from those hallucinogens mentioned in the previous section. Pharmacologically, it is not a narcotic. It is however, according to the Commission on Narcotic Drugs of the Economic and Social Council of the United Nations, abused more, and its abuse is more wide-spread geographically than any of the other dangerous drugs.

*Description - Identification:* All marijuana is from the cannabis sativa L. plant which is frequently called cannabis indica, Indian hemp or hemp. The plant grows in mild climates throughout the world, especially Mexico, Africa, India, the Middle East and is also grown in the United States. The intoxicating substance is found primarily in the resin of the flowering tops and leaves. The strength of the drug may vary from the weaker American marijuana to the more potent hashish or charas which contains more resin. Potency depends on where it is grown, how it is grown, how it is prepared and how it is stored. Marijuana grown in Iowa is much less potent than that from Mexico, India, etc.

For use as a drug the leaves and flowers of the plant are dried and crushed into small pieces. It looks like fine green tobacco. The green product is usually rolled into cigarettes or placed in a pipe and smoked. It can also be sniffed or eaten with other foods such as brownies. Hashish is frequently made into candy, sniffed in powder form or mixed with honey to drink or with butter to spread on bread. Marijuana is commonly referred to as a *weed, reefer, joint, sticks, critters, pot, tea, grass, Mary Jane, bhang, ganja, charas, hashish.* The smoke from marijuana is harsh and has a sweet odor like burnt grass or rope.

*Abuse and Effects:* As marijuana is smoked it quickly enters the bloodstream and acts on the brain and nervous system. Medical science has not discovered how the drug works, how it produces its effects and what, if any, the long term effects are.

Some physical reactions which may appear include rapid heart beat, lowering of body temperature, reddening of the eyes, changes in blood sugar level, stimulation of the appetite and dehydration of the body. An inflammation of the mucous membranes and bronchial tubes may also occur. Users may be quite talkative, loud, unsteady or drowsy and find it difficult to coordinate movements. Other effects may include withdrawal, fantasy, euphoria, loss of memory, distortion of time, and spatial perceptions, hilarity and erratic behavior. A feeling of perceptiveness and pleasure can accompany intoxication.

A great deal of the user's reactions depends on the strength of the marijuana, the social setting and the mood of the user. Often people who expect great highs find themselves feeling nothing. When larger doses are used, vivid hallucinations may occur. These can be accompanied by fear, panic, illusions and paranoia.

*Dependence:* Marijuana does not cause physical dependence like heroin or other narcotics. In other words, the body does not physically crave or become dependent upon the continuing use of the drug. The body probably does not develop a tolerance to the drug, either. Withdrawal does not produce physical illness. A number of scientists do believe, however, that the drug can cause psychological dependence if its users take it regularly.

*Usual Adult Dose:* Varies – 1 cigarette, 1 pipe, 1 drink or coke.

*Duration of Action:* Four hours.

No legitimate medical use in the U.S.A.

*T.H.C.* In 1966 a scientist synthesized in a pure form the active ingredient of marijuana, tetrahydrocannabinol. T.H.C. is now synthesized and sold illegally in the form of capsules. Research is being conducted to determine the long range effects of the drug. Working with man-made THC, a leading scientist found that high doses brought on severe reactions in every person tested. In view of this, research is currently being done to determine any effect marijuana might have on its users.

*Laws Dealing with Marijuana:* Under federal law, to have, to give or to sell marijuana in the United States is a felony, a serious crime.

Federal penalties:

| | | |
|---|---|---|
| Possession: | 2-10 years imprisonment | 1st. offense |
| | 5-20 years imprisonment | 2nd. offense |
| | 10-40 years imprisonment | further offenses |

Fines up to $20,000 for first or subsequent offenses may be imposed.
Transfer or sale of drug: 5-20 years imprisonment and fine up to $20,000, first offense, 10-40 years two or more offenses.
If a person over 18 sells to minors under 18 years of age, he is subject to a fine of up to $20,000 and/or 10-40 years in prison for first offense, with no suspension, probation or parole.

## SOLVENTS

*Description:* The abuse of various solvents is a dangerous fad among adolescents and some teenagers. Solvents are non-drug substances which are frequently encountered in drug abuse situations. Among the numerous solvents which may be abused are: glue, gasoline, paint thinner, lighter fluid, nutmeg, hair spray, freon, nail polish, flowers and weeds.

*Abuse and Effects:* Solvent abuse usually occurs among youngsters between the ages of 10 to 15 to 18 years of age. Glue sniffers usually squeeze some glue into a bag which may be placed over the head, or onto a handkerchief and placed over the mouth and nose. Gasoline and paint thinner are often sniffed directly out of tanks and cans.

Substances in the solvent of the glue, lighter fluid, etc., can act as a poison and result in permanent damage to the nervous system or liver. A single massive dose can kill. Other medical problems can accompany solvent inhalation. The chief dangers are death by suffocation, development of psychotic behavior or a state of intoxication.

Effects of solvent abuse include dizziness, euphoria, blurring of vision, ringing ears, slurred speech and staggering. The effects may produce feelings of excitation, exhilaration and hallucinations resembling the initial effects of alcohol. The intoxication may be followed by drowsiness, stupor and even unconsciousness.

*Dependence:* Present knowledge indicates that physical dependence does not develop although a tendency to increase the amount inhaled may occur and may indicate the development of psychological dependence.

*Duration of Action:* Intoxication states may last 30-45 minutes followed by drowsiness or stupor which may last about an hour.

*Facts and Fallacies about "Mind" drugs* (Blakeslee, 1969)

Marijuana, LSD and other hallucinogenic drugs cause physical addiction. FALLACY, but they may cause psychological dependence.

Marijuana is a narcotic. FALLACY.

Drugs are only an adolescent problem. FALLACY, many adults abuse a host of drugs.

The best way to steer children away from drugs is to scare them. FALLACY, say most of the experts.

Some persons using LSD have landed in mental hospitals. FACT.

LSD makes people more creative. FALLACY, although they may *feel* creative.

One shot of heroin or morphine makes a person an addict. FALLACY.

Young people are more susceptible than adults to potential harmful effects of hallucinogenic and other drugs. FACT.

All the hallucinogenic drugs are alike in their effects. FALLACY.

The long-term effects from regular use of marijuana are not yet known. FACT.

People can become psychologically dependent on pep pills and depressant drugs. FACT.

Parents don't need to listen to what their children say in words or action. FALLACY.

People who smoke marijuana go steadily downhill. FALLACY, say most experts.

Many people who use various "mind" drugs urge friends and acquaintances to try them also. FACT.

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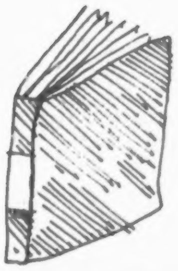

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SIECUS
1855 Broadway
New York, N. Y. 10023

Child Study Association
9 East 89th Street
New York, N. Y. 10028

Planned Parenthood
515 Madison Ave.
New York, N. Y. 10022

American Medical Association
535 N. Dearborn St.
Chicago, Illinois 60610

## AUDIO VISUAL RESOURCES

*Films:*

*All kinds of babies.* Carousel Films, Inc., 1501 Broadway, New York.

*Boy to man.* Wexler Films, Los Angeles.

*Family life education & human growth.* K-12, Sterling Educational Films, Inc., Burnsville, Minn.

*Fertilization and birth.* Wexler Films, Los Angeles.

*Getting to know me.* Series, How to adjust, 7-2-F. Eye Gate House, Inc.

*Girl to woman.* Wexler Films, Los Angeles.

*Growing up day by day.* U-505, University of Iowa.

*How come I am?* Professional Arts, Inc., Universal City, Calif.

*How babies are made.* Color Slide Program, Creative Scope, Inc., 509 Fifth Ave., New York.

*How life begins.* Wexler Films, Los Angeles.

*Human growth.* Wexler Films, Los Angeles.

*Kittens: birth and growth.* Bailey Films, Inc., 6509 DeLangpre Ave., Hollywood, California.

*Me, myself & I.* Series 202, Eye Gate House, Inc., 2737 Hawthorne Drive, Bettendorf, Iowa.
*Who am I?* 202A
*Why do my feelings change?* 202B.
*What can I do about it?* 202C
*How can I improve myself?* 202D

*Filmstrips:*

*Teaching good conduct and personal hygiene to retarded teenagers,* (Especially good for trainable), Thompson, M., 1968. Six filmstrips and teacher's guidebook for girls, five filmstrips and teacher's guidebook for boys. Harris Co. Center for the Retarded, Inc., 3550 West Dallas, Houston, Texas 77019.

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Values for teenagers--the choice is yours, Guidance Associates, Harcourt, Pleasantville, N.Y. 1966.

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Human reproduction systems, Visual Packet No. 4362, Progression Level 3, 3M Company, Education Services, Box 3100, St. Paul, Minnesota.

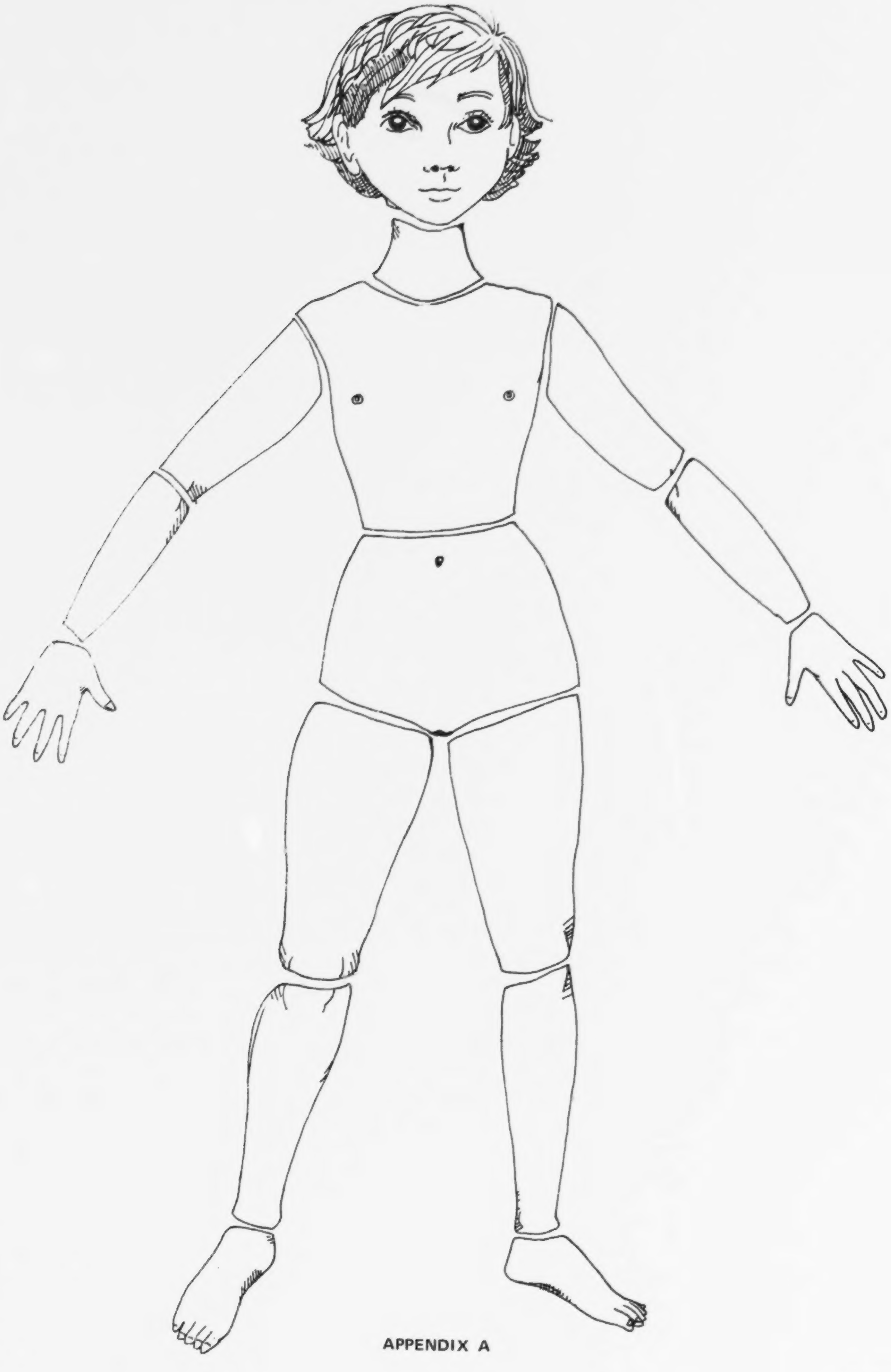
*Catalog:* 1970 16mm sales & rental catalog. Newenhouse/Novo, 1825 Willow Rd., Northfield, Ill.

*Articles:* Singer-Magdoff, L. & Buskin, J., Top of the News, V:43-49, Nov. 1969. (Reprinted from Film News, N. Y.)

Sex & the Library, Mary W. Behm, Top of the News, Nov. 1969, 32-42.

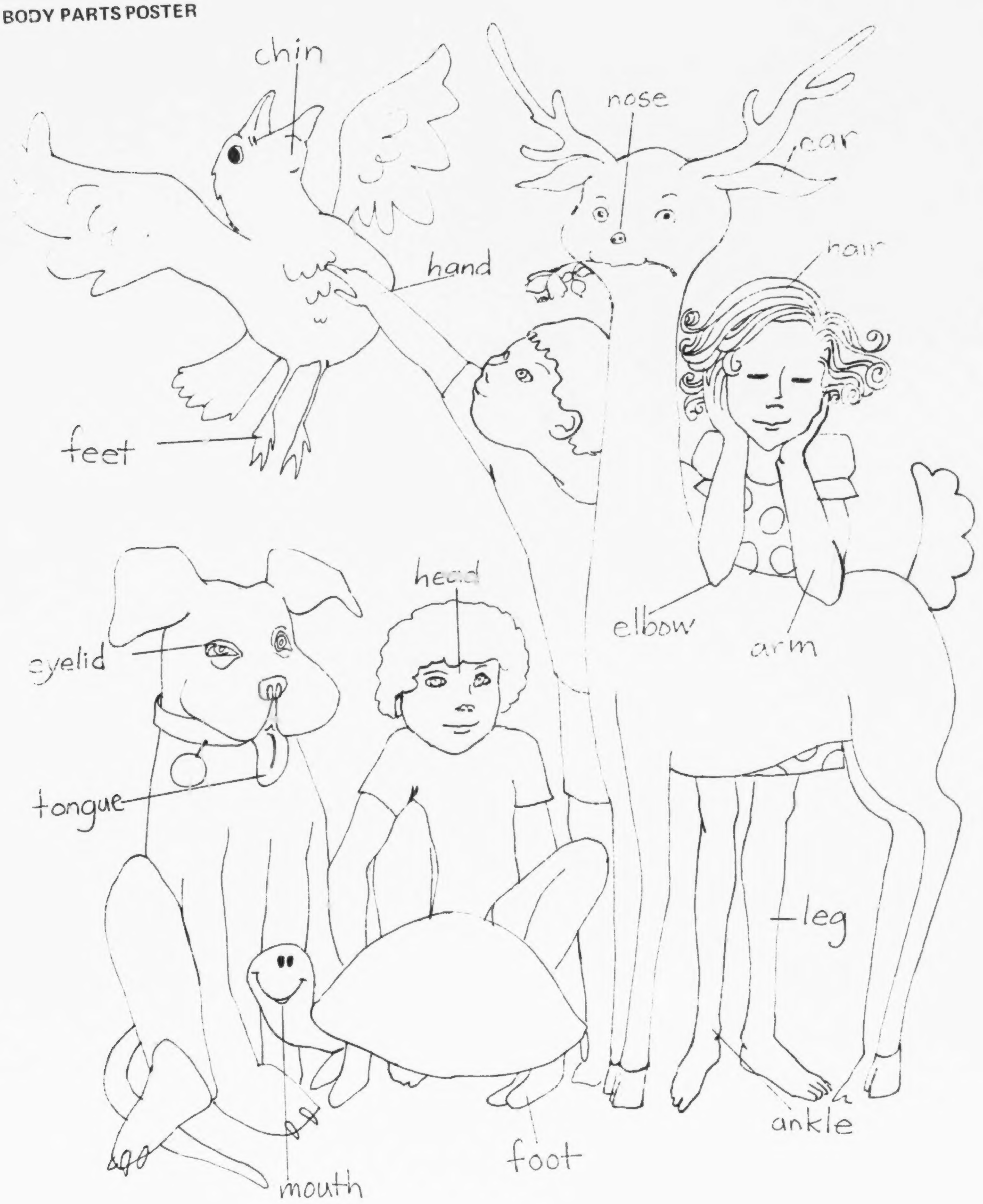
# APPENDICES

BODY PARTS



APPENDIX A

**BODY PARTS POSTER**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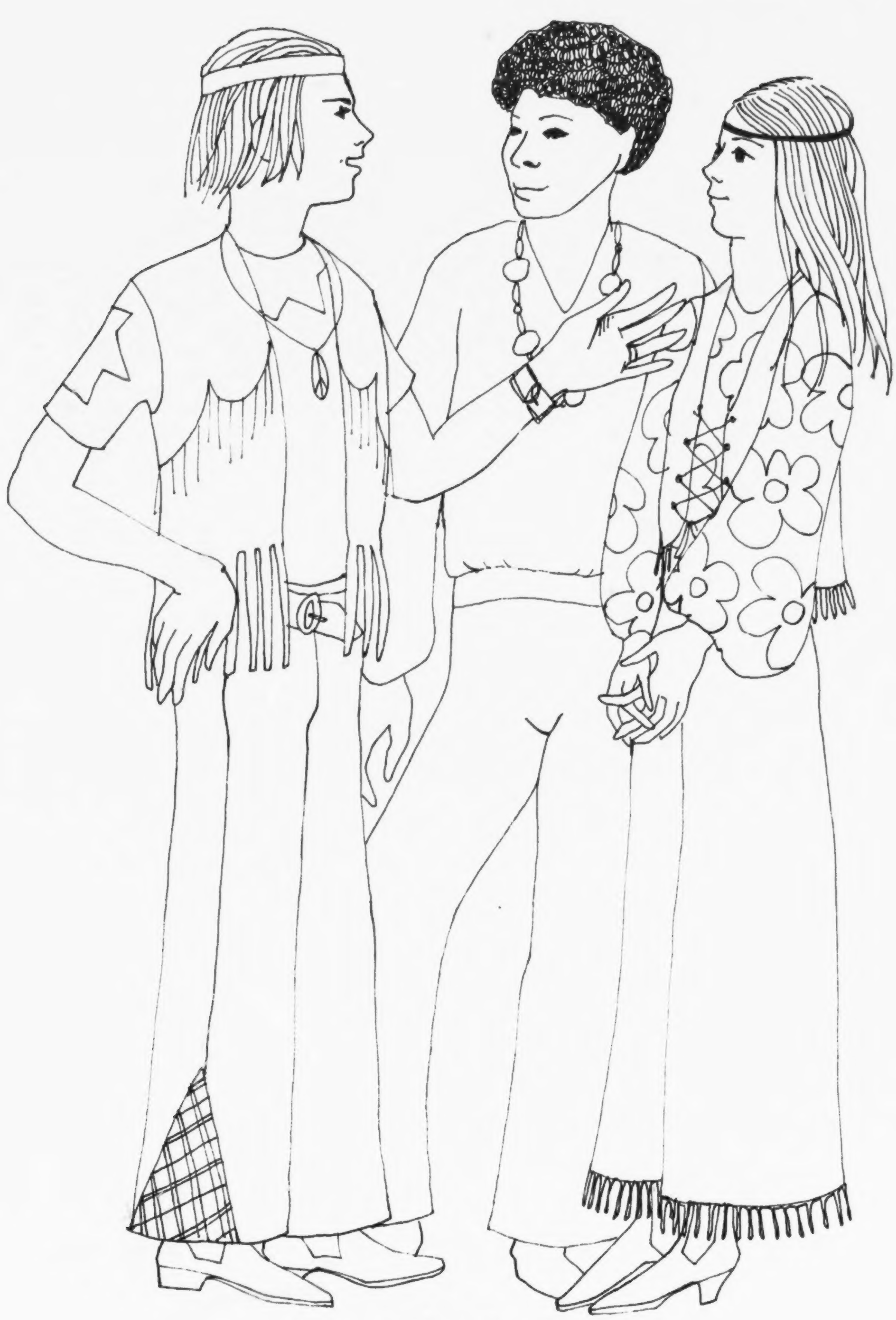
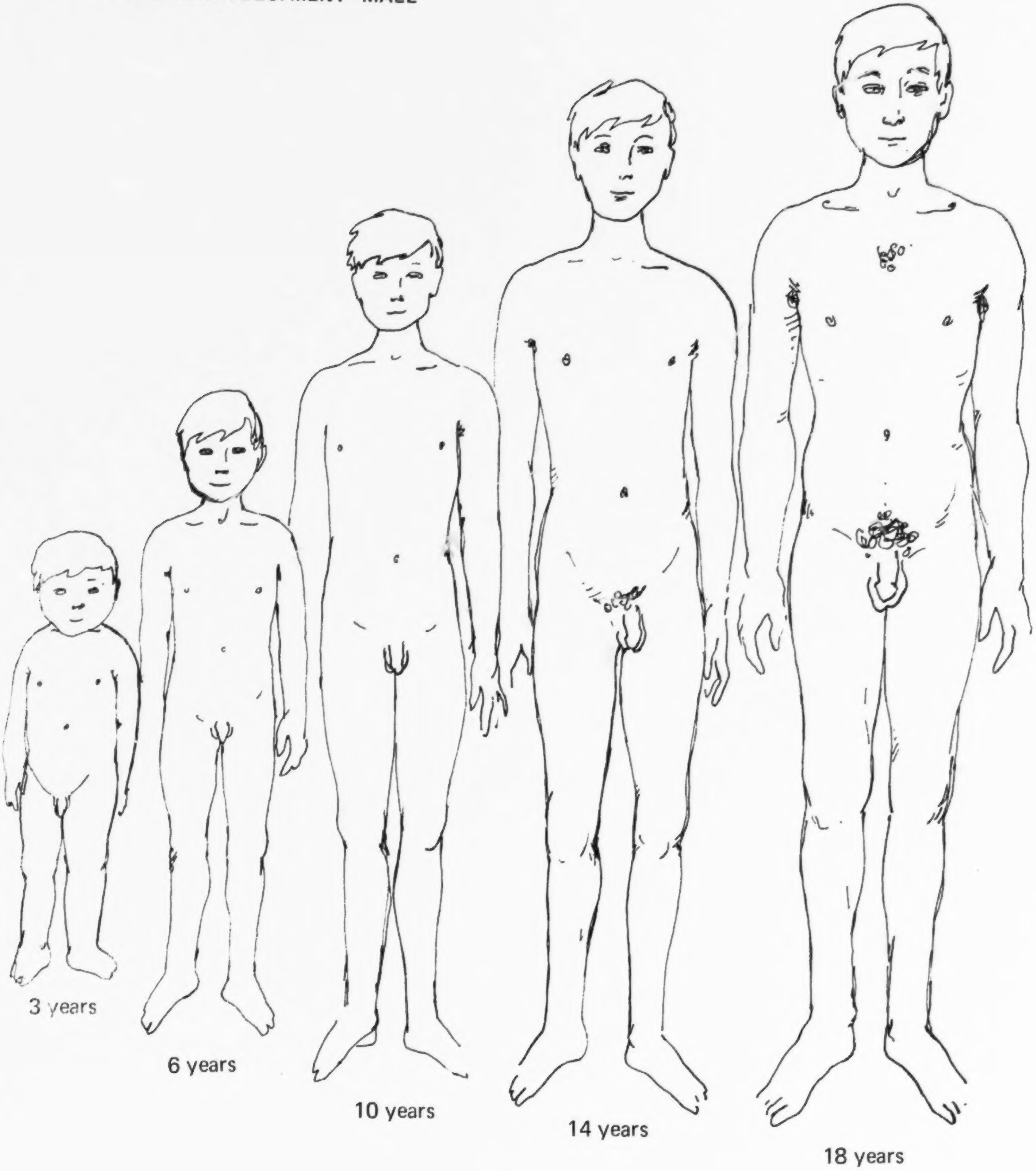
CONTEMPORARY DRESS



APPENDIX B

## GROWTH & DEVELOPMENT - MALE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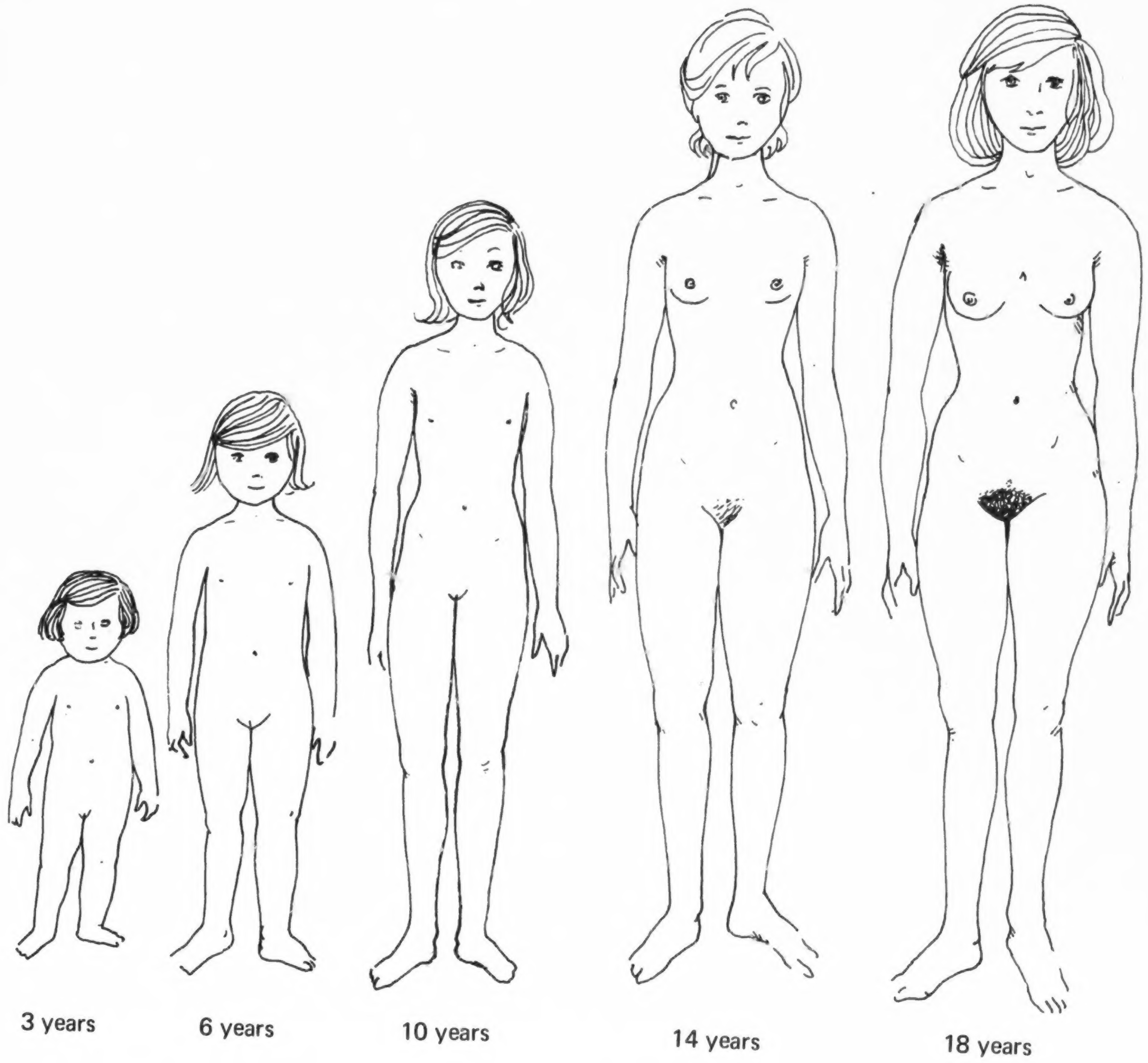
APPENDIX C

## GROWTH & DEVELOPMENT - FEMALE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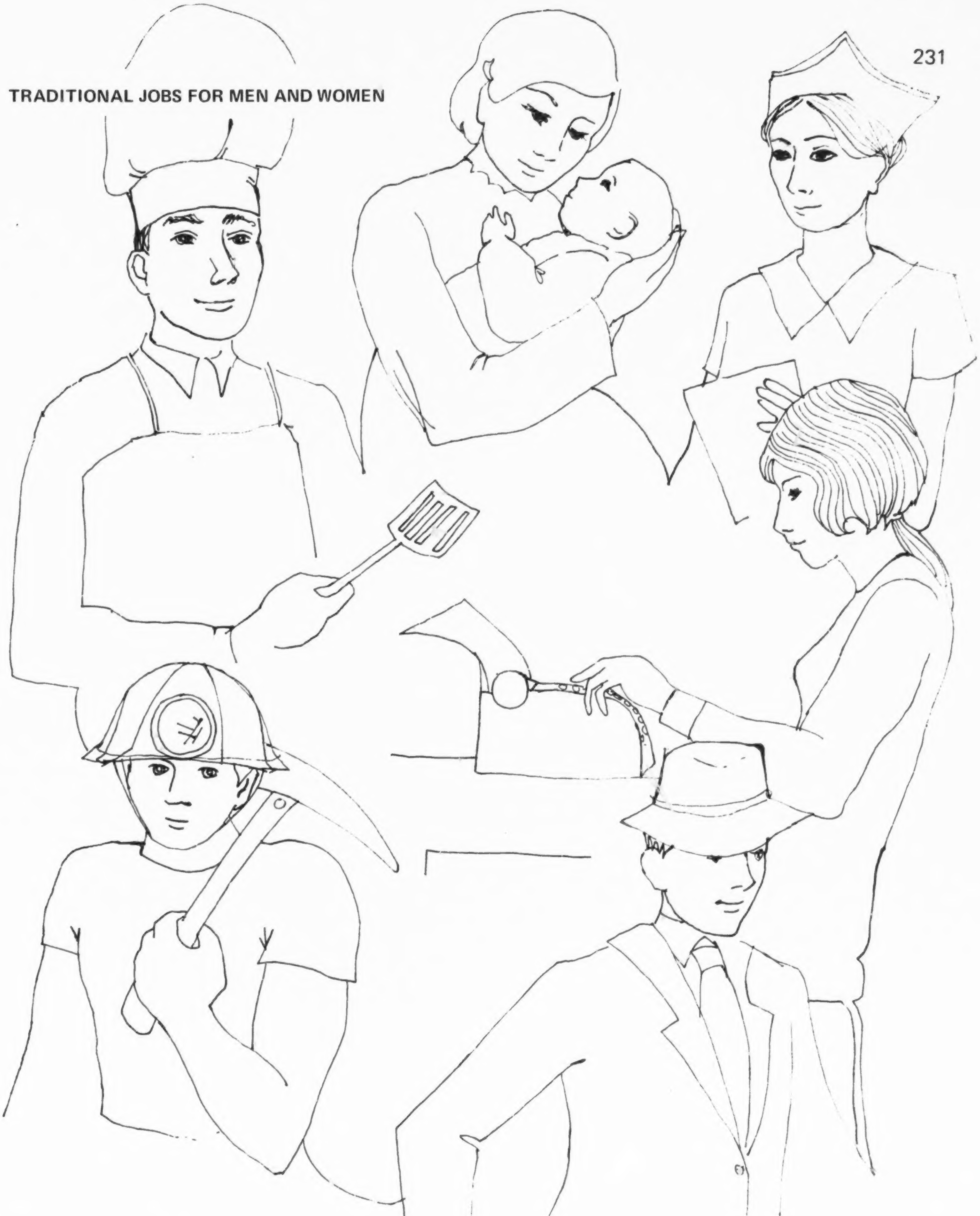
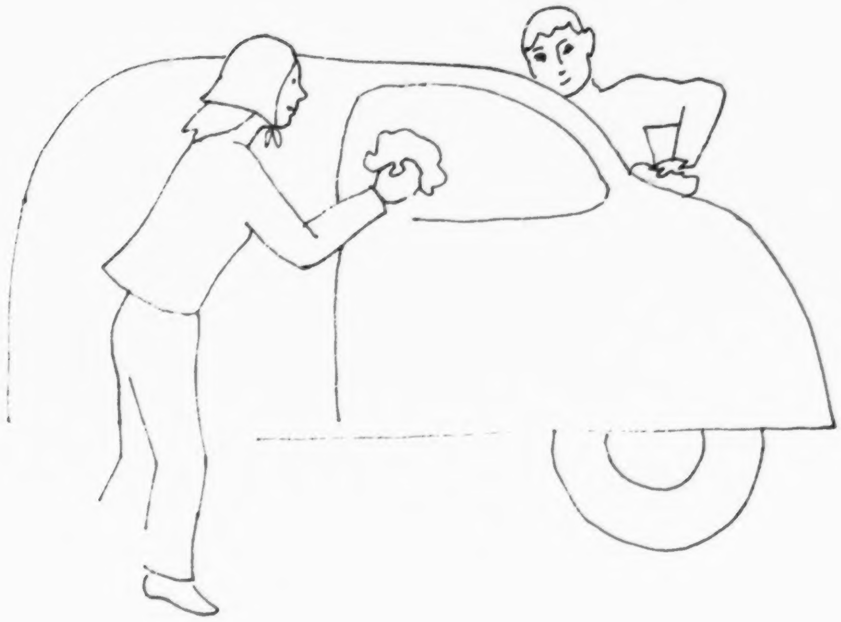
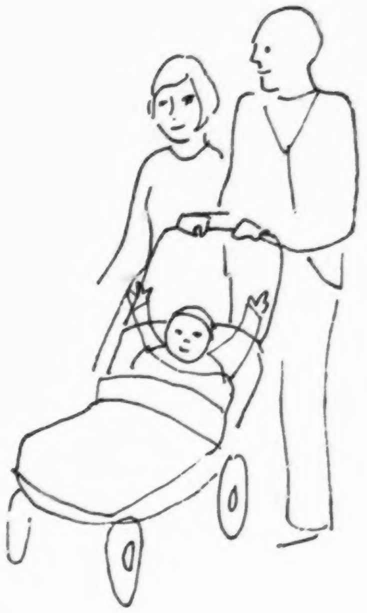
## TRADITIONAL JOBS FOR MEN AND WOMEN

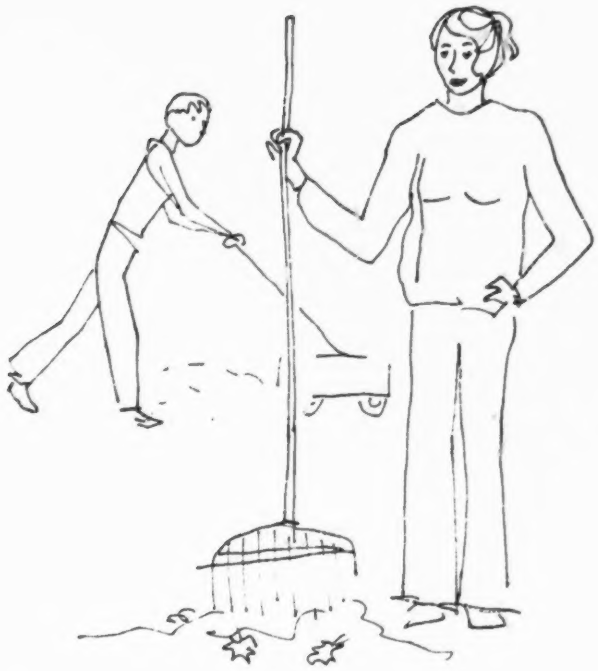


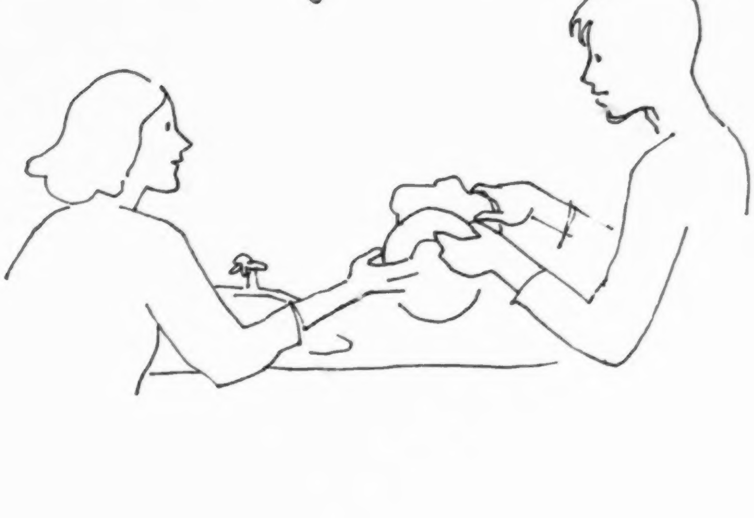
APPENDIX D

## MEN AND WOMEN WORKING TOGETHER



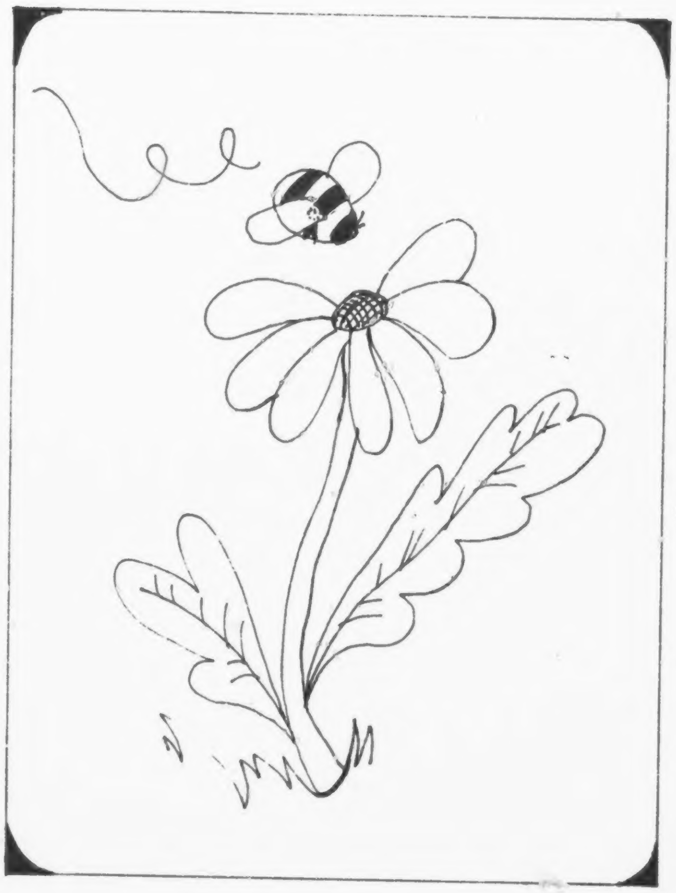


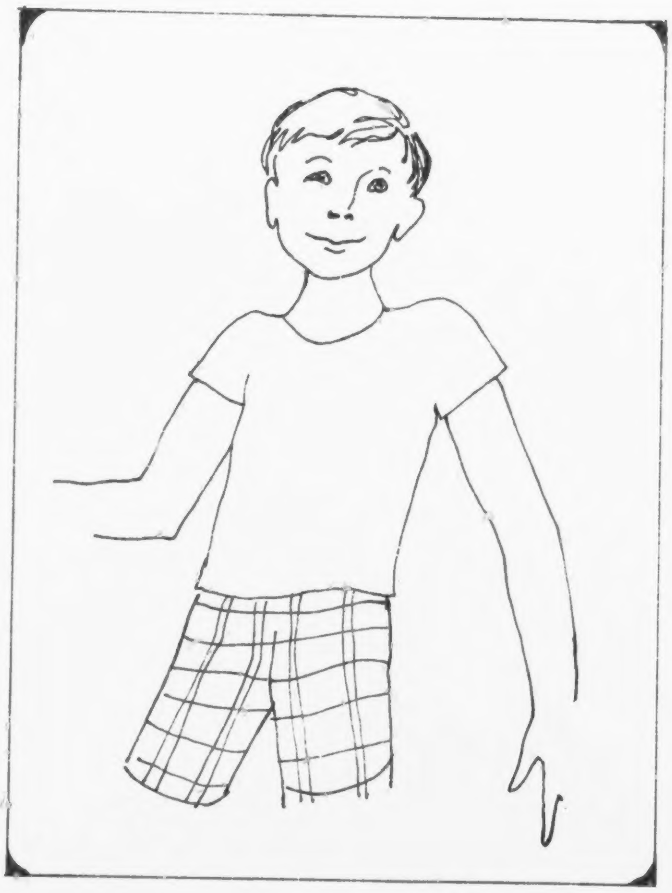


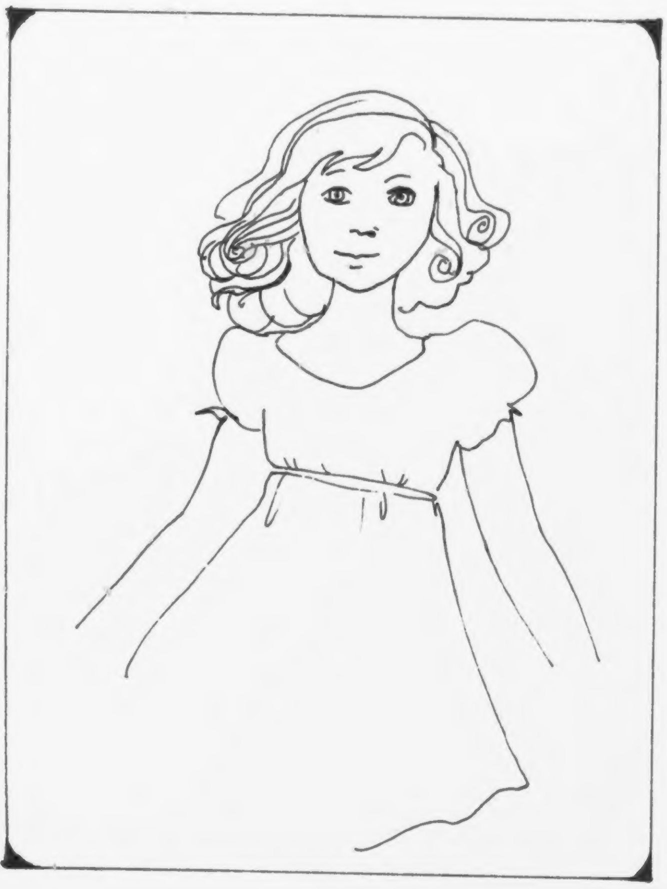


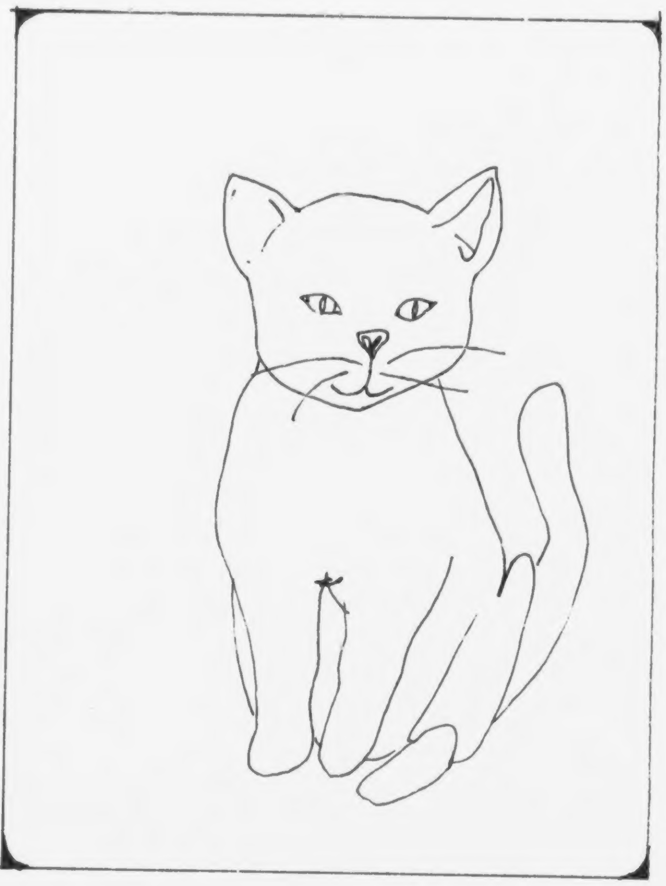
APPENDIX E

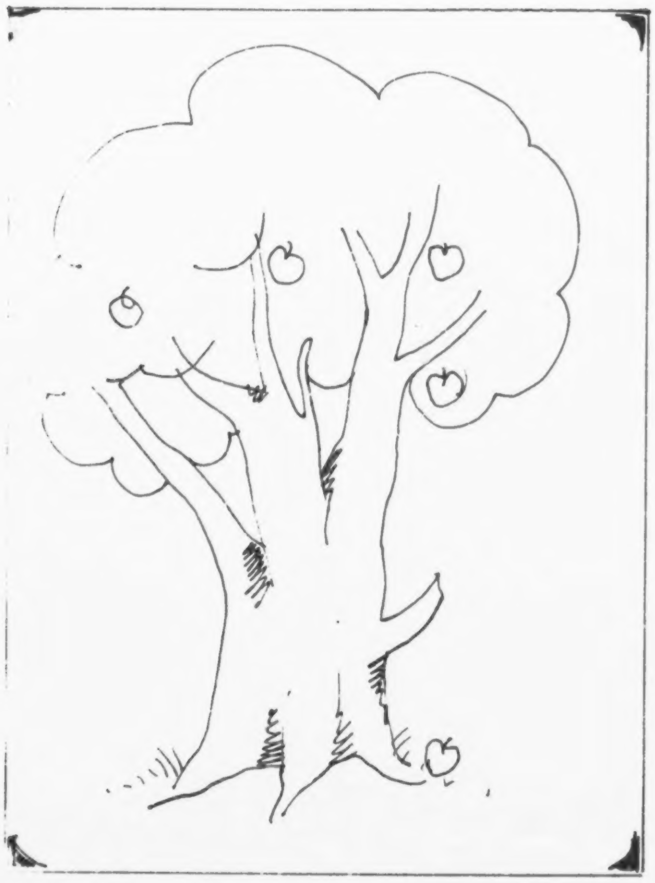
## CARD GAME: LIVING AND NON-LIVING THINGS

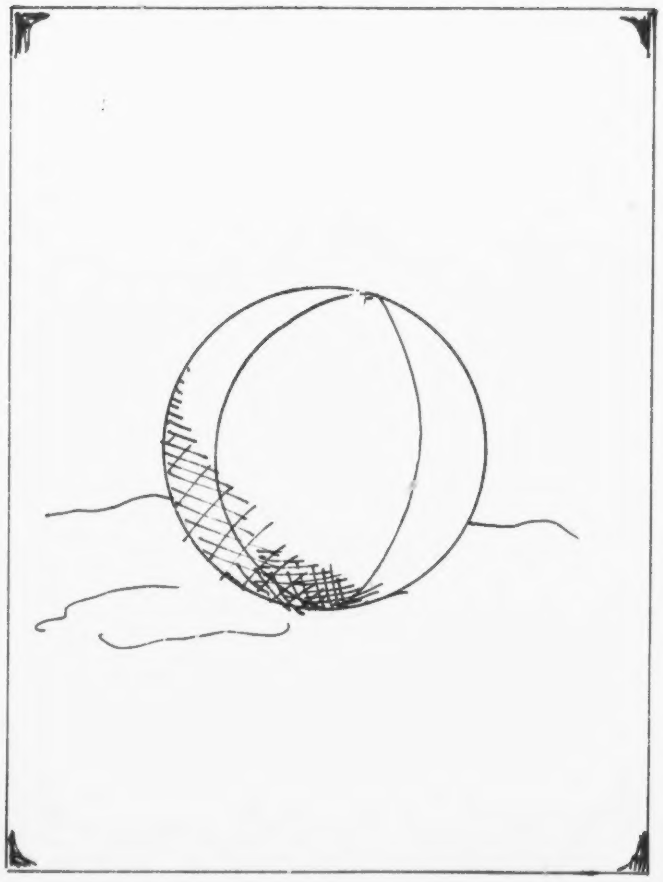


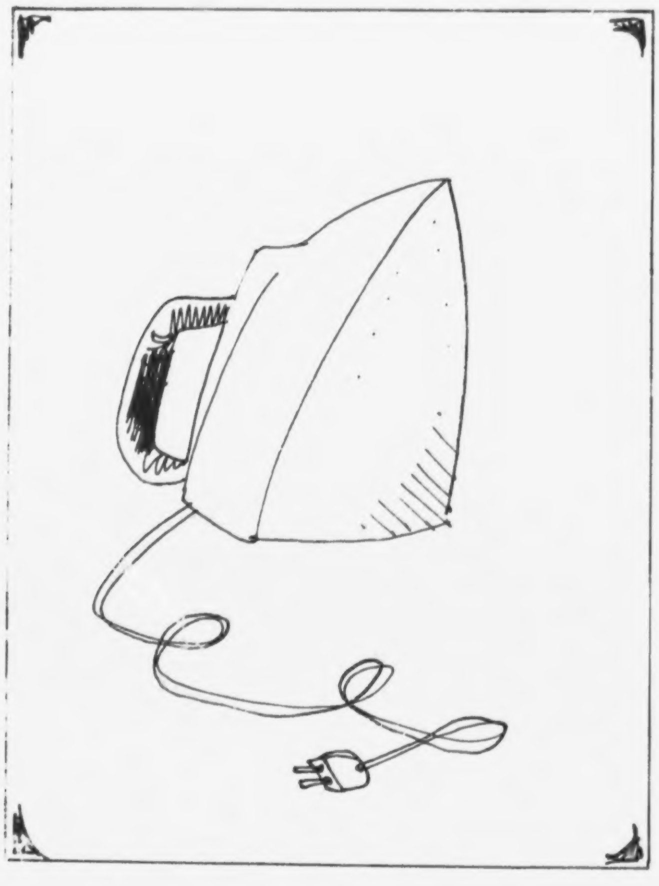


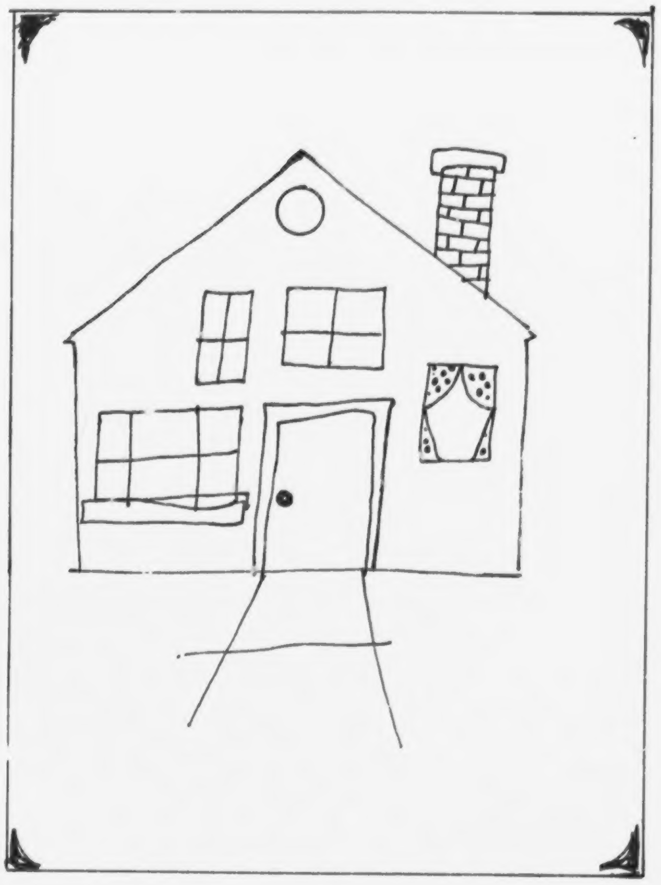


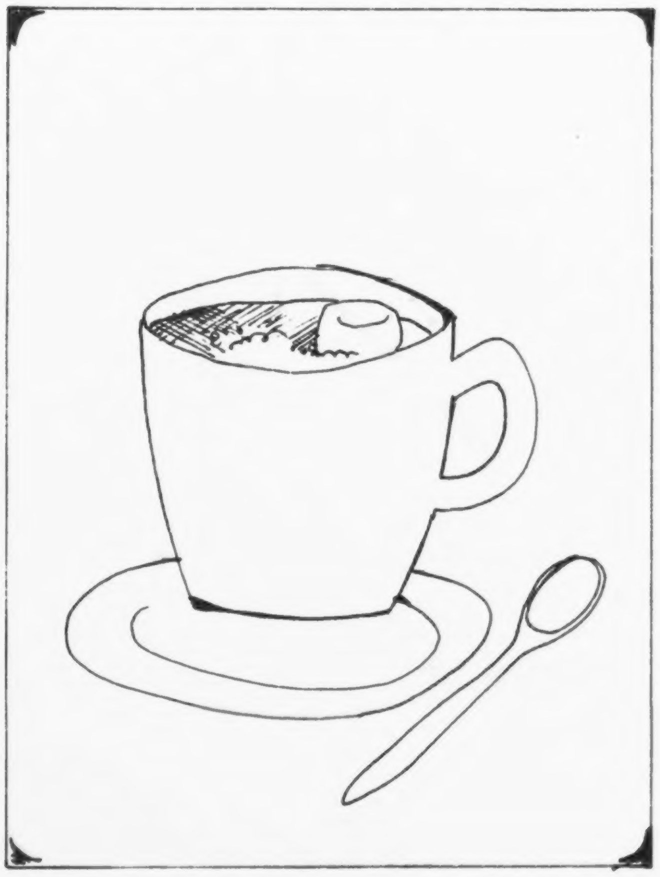


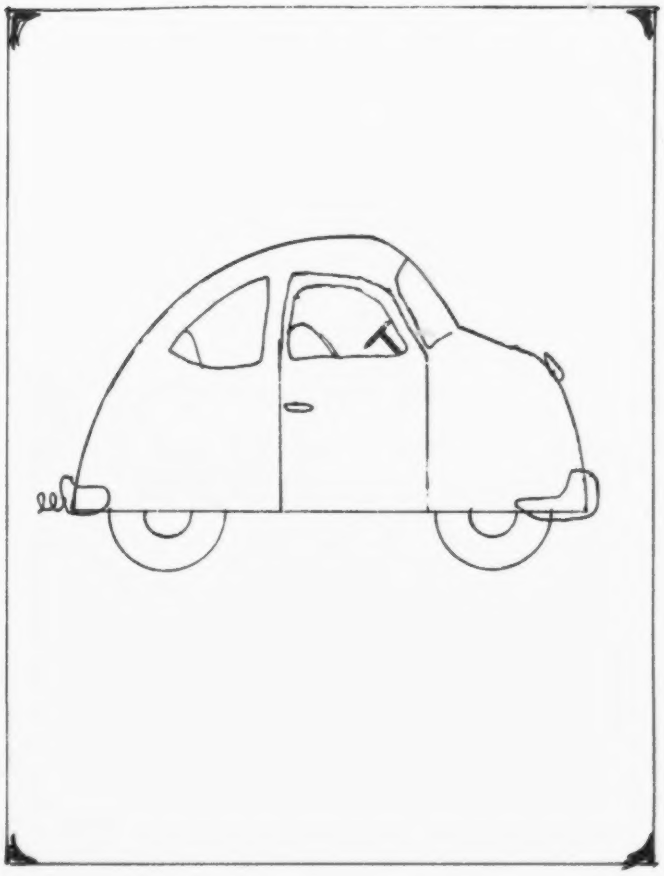










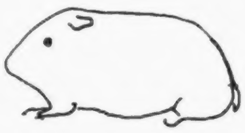


## Guidelines for Use of Animals in Classrooms

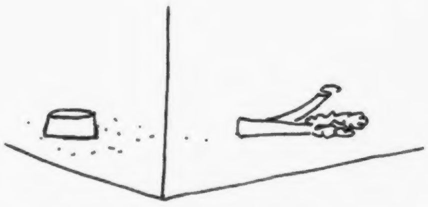
Reports indicate there is a need for guidelines pertaining to the use of animals in classrooms. In view of this need, the following statement has been prepared jointly by the Iowa Department of Public Instruction, the Iowa Department of Health and the Iowa Veterinary Medical Association.

Animals are sometimes desirable for certain demonstrations in the classroom. The demonstration may take only a few minutes or it might require several weeks. These guidelines are intended to be helpful for teachers in charge.

*Selection of animals:* Selection of the proper species of animal is important. White mice, white rats and guinea pigs* are the animals of choice for many classroom purposes. Hamsters, because of their sharp teeth and often nervous disposition, are not considered desirable for classroom demonstrations. A dog that is even tempered and obedient may be used, preferably under control of the owner. Young puppies are not satisfactory. Indigenous mice and rats and other wild animals are not suitable for classroom use.

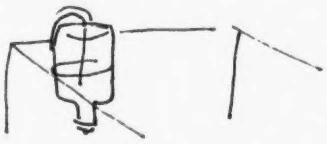


*Cages:* Cages should be of a size that will provide physical comfort for the animal. The space should be adequate to assure freedom of movement. The cages should be maintained in a clean, dry condition with adequate bedding.

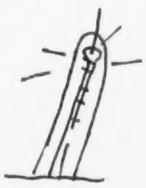


*Food:* There should be convenient access to clean food. Each kind of animal has its own special requirements. If a change is to be made in the diet, it should be gradual rather than sudden.

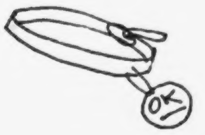
*Water:* There should be convenient access to clean water. A satisfactory gravity flow water bottle may be made by using a rubber stopper with a hole in it, a short piece of metal tubing 3/16 inches in diameter and a pint bottle. Insert the tube through the opening on the stopper, fill the bottle with water, place the stopper in the bottle and attach the bottle, upside down, to the side of the cage.



*Temperature:* Normal room temperatures are considered comfortable for most animals. Ventilation should be provided but animals should not be exposed to drafts.



*Health:* Only healthy appearing animals should be used. Dogs and cats should have been immunized against rabies. Rabies vaccination of laboratory animals such as rats, mice, guinea pigs and rabbits is ***not recommended.*** Your local veterinarian should be consulted.



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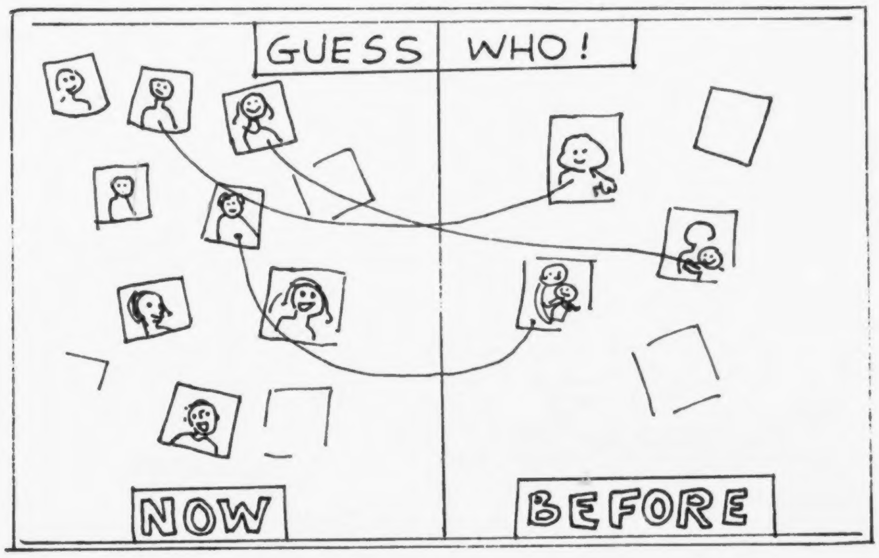
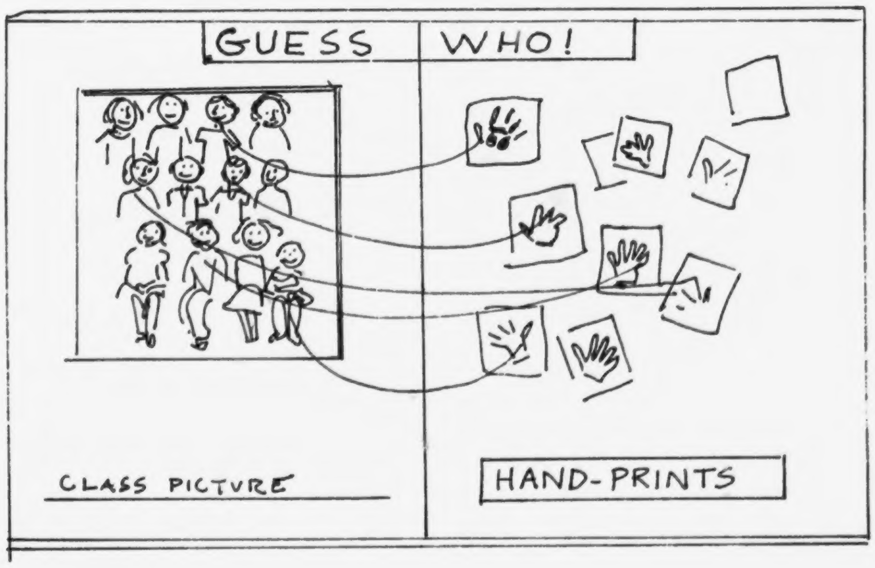
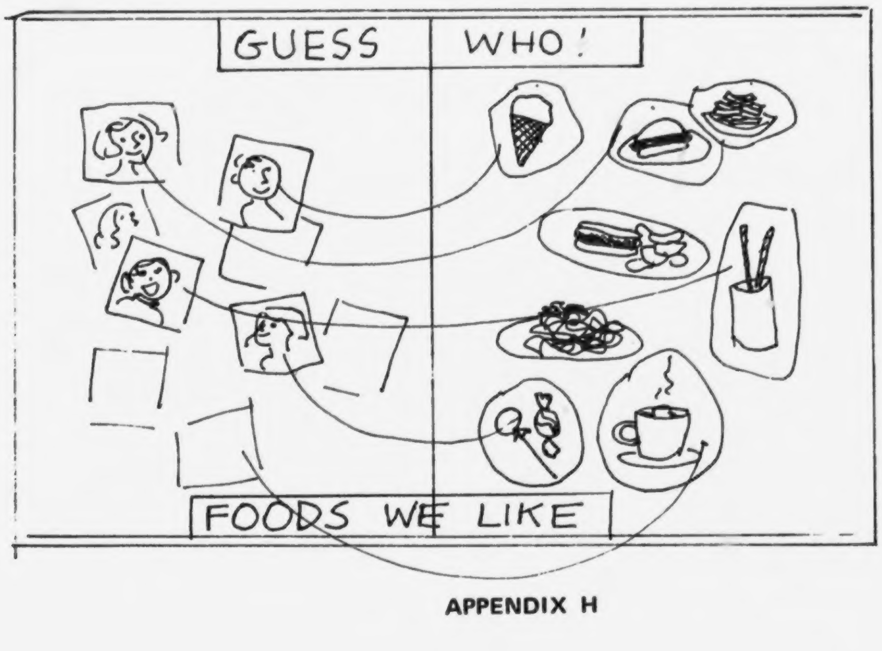
*SECDC addition -- gerbils

## GUESS WHO? (BULLETIN BOARD IDEAS)

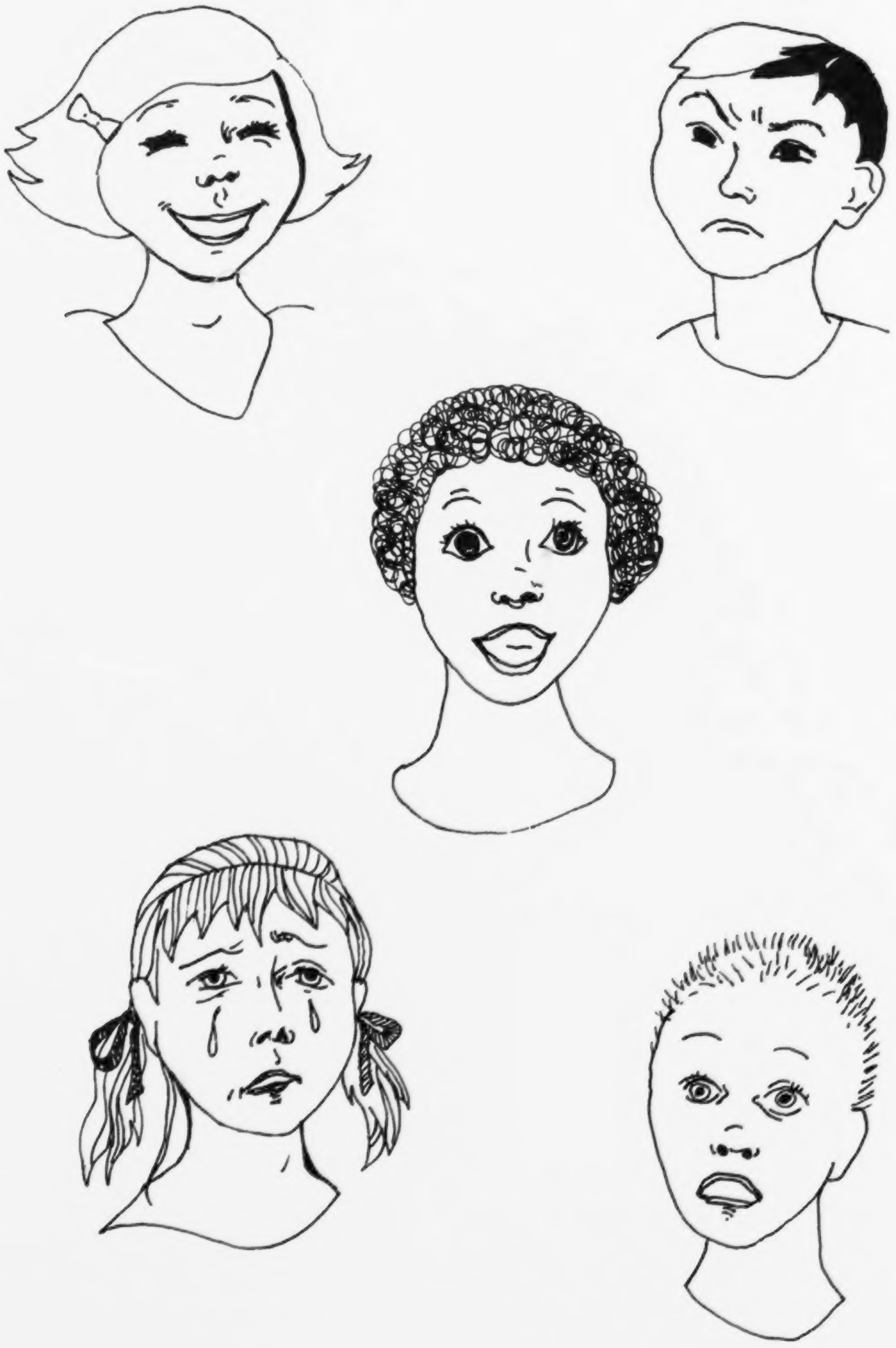

GUESS WHO!
NOW
BEFORE


GUESS WHO!
CLASS PICTURE
HAND-PRINTS


GUESS WHO!
FOODS WE LIKE

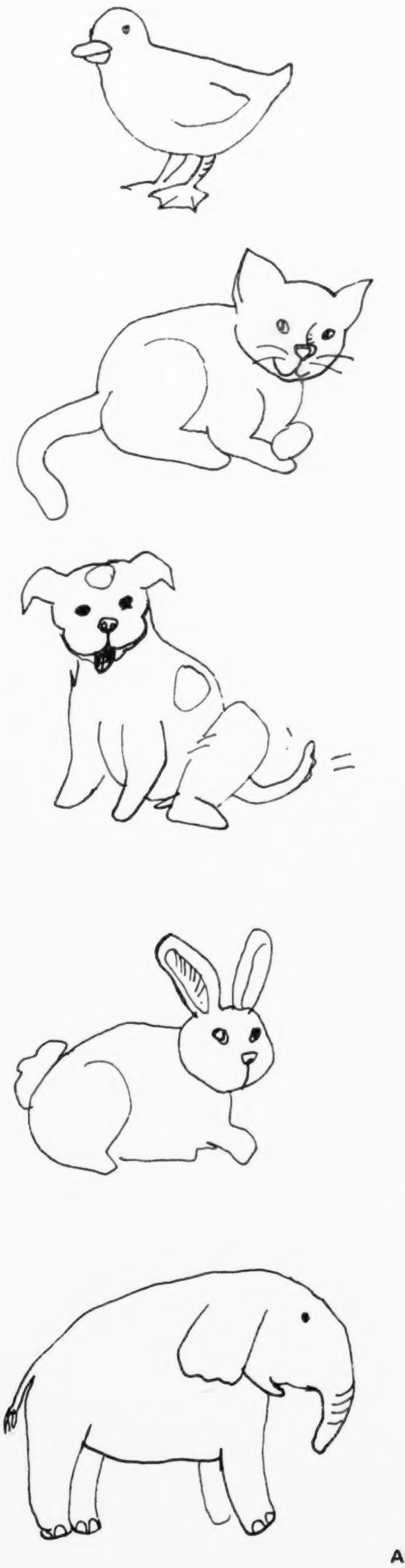
APPENDIX H

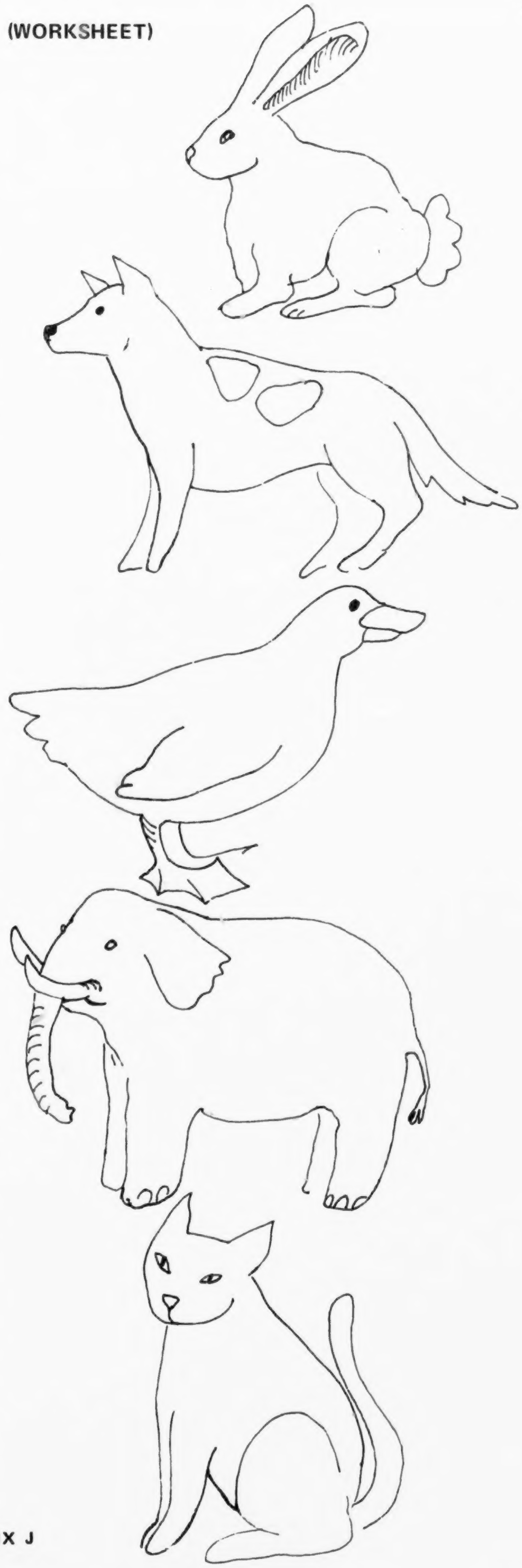
## FACIAL EXPRESSIONS



APPENDIX I

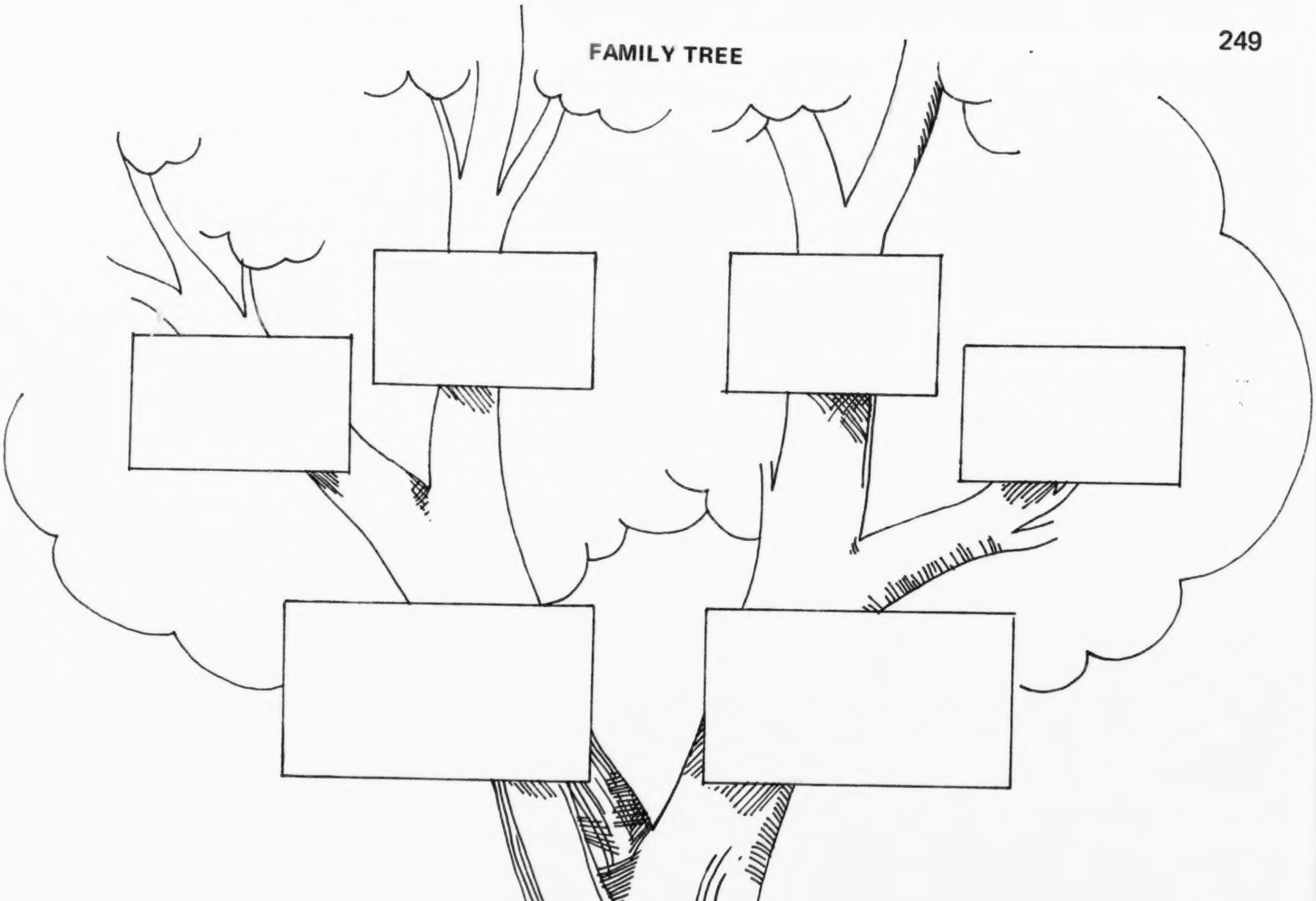
## WHO IS MY MOTHER? (WORKSHEET)





APPENDIX J

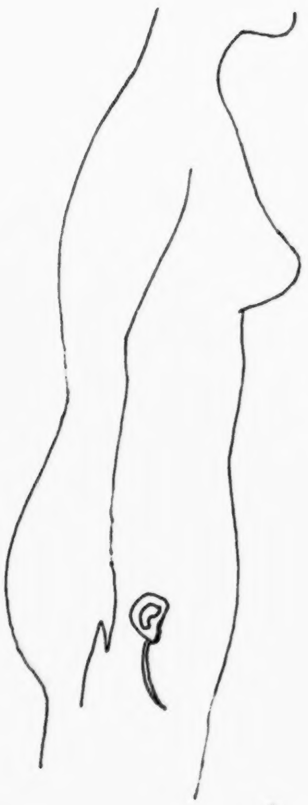
## FAMILY TREE



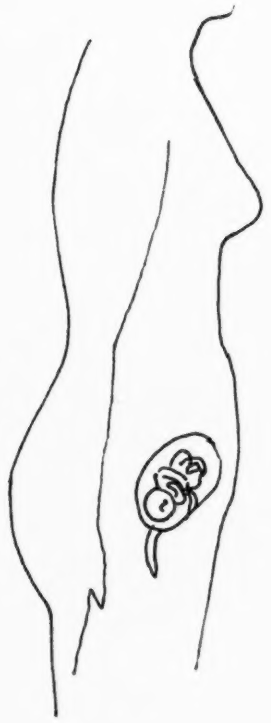
APPENDIX K

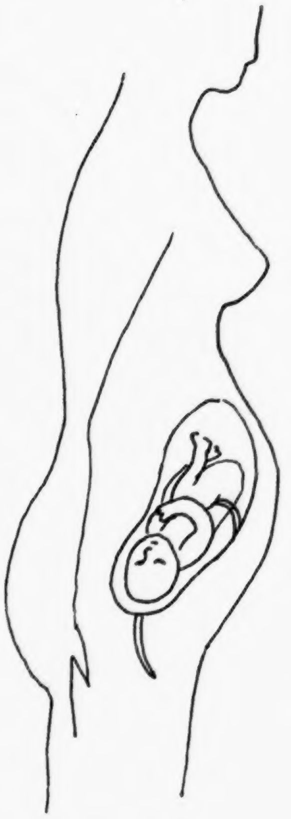
## FETAL DEVELOPMENT

I month

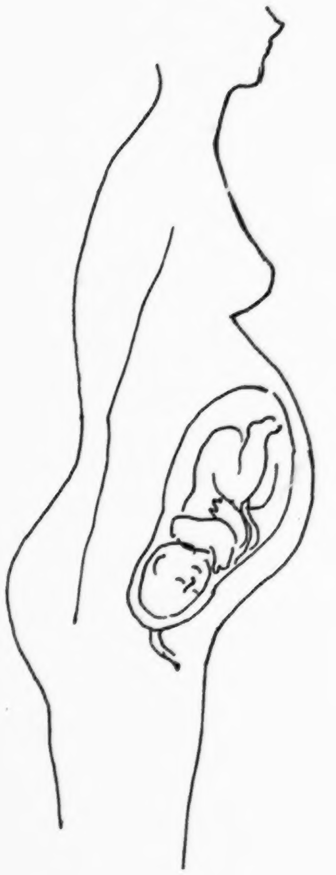


3 months





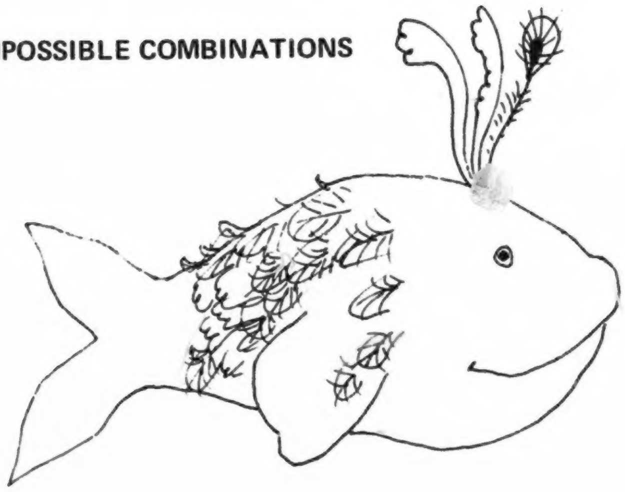
6 months

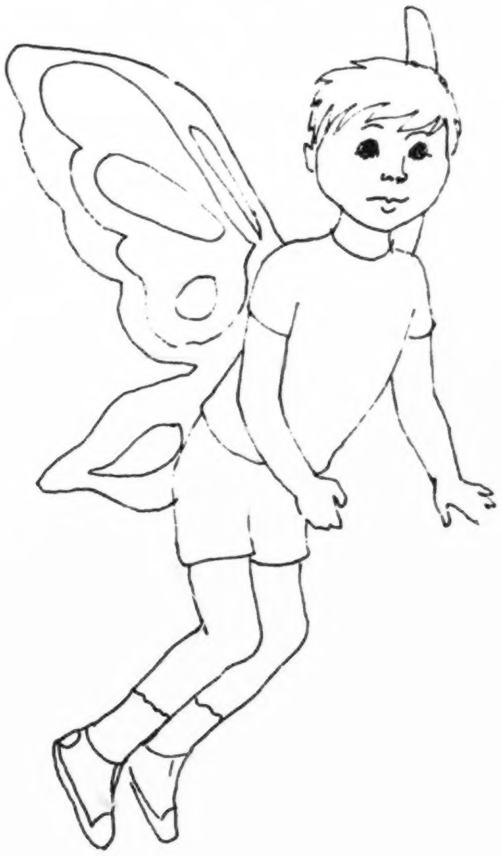


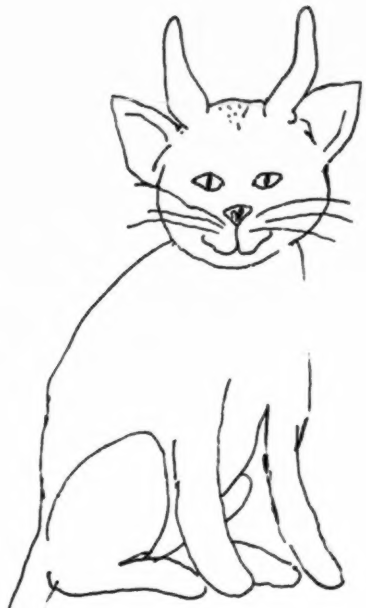
9 months

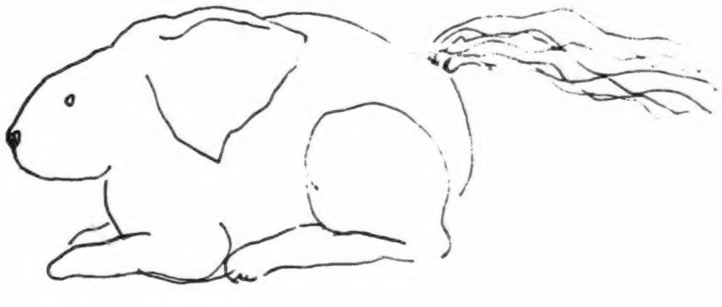
APPENDIX L

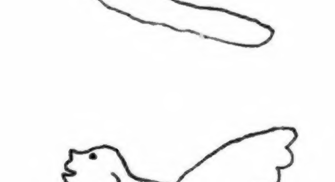
## IMPOSSIBLE COMBINATIONS

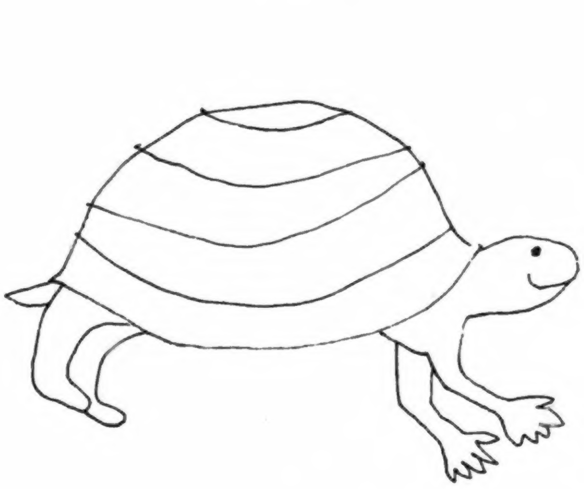






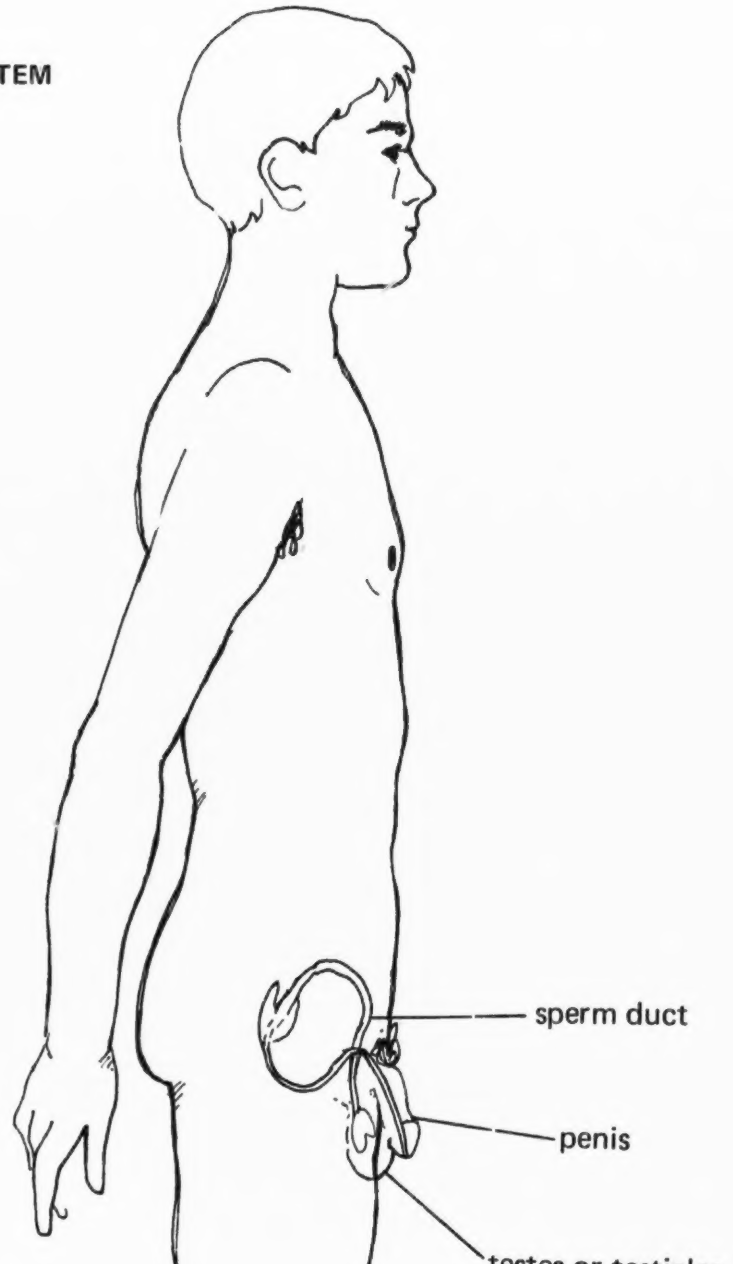






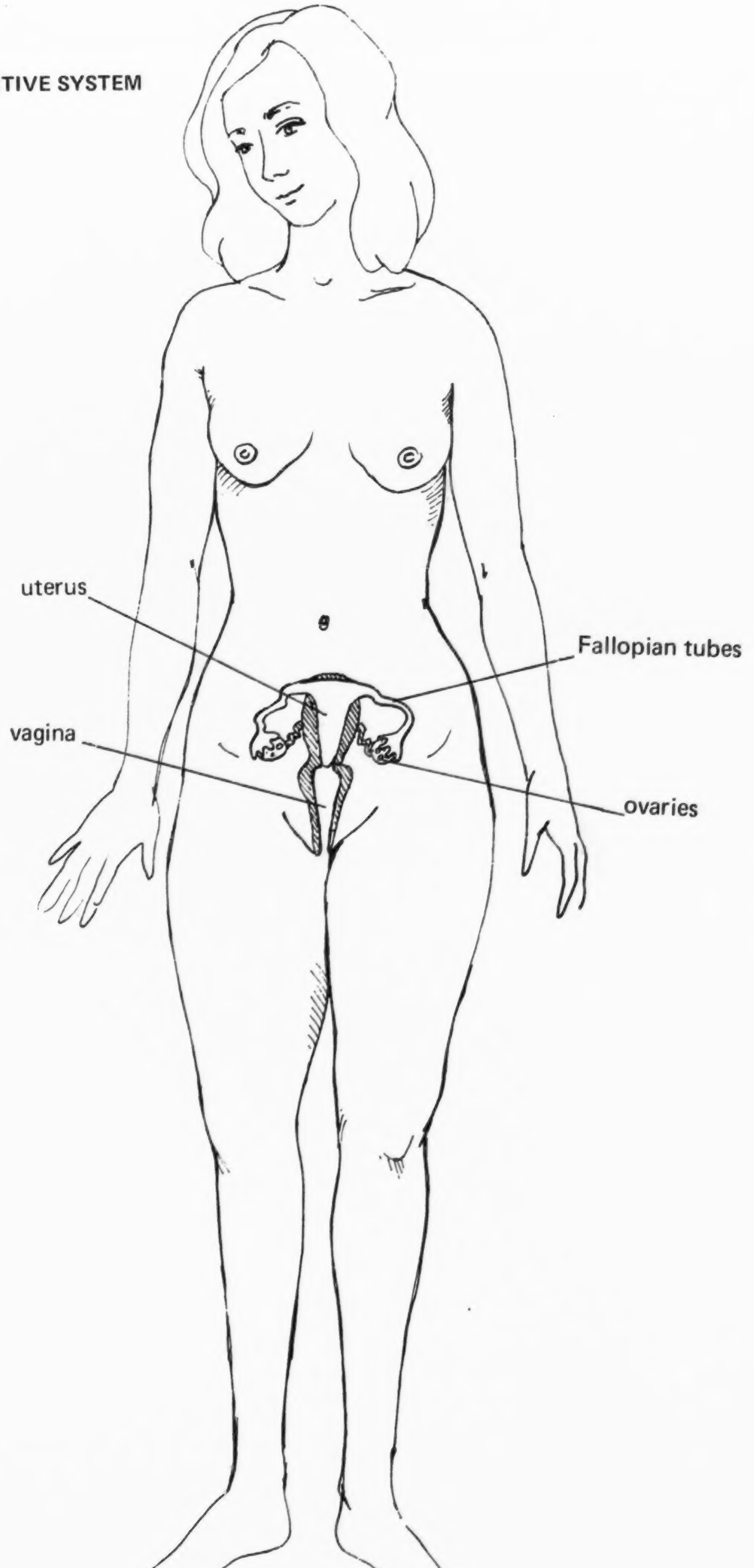
APPENDIX M

## MALE REPRODUCTIVE SYSTEM

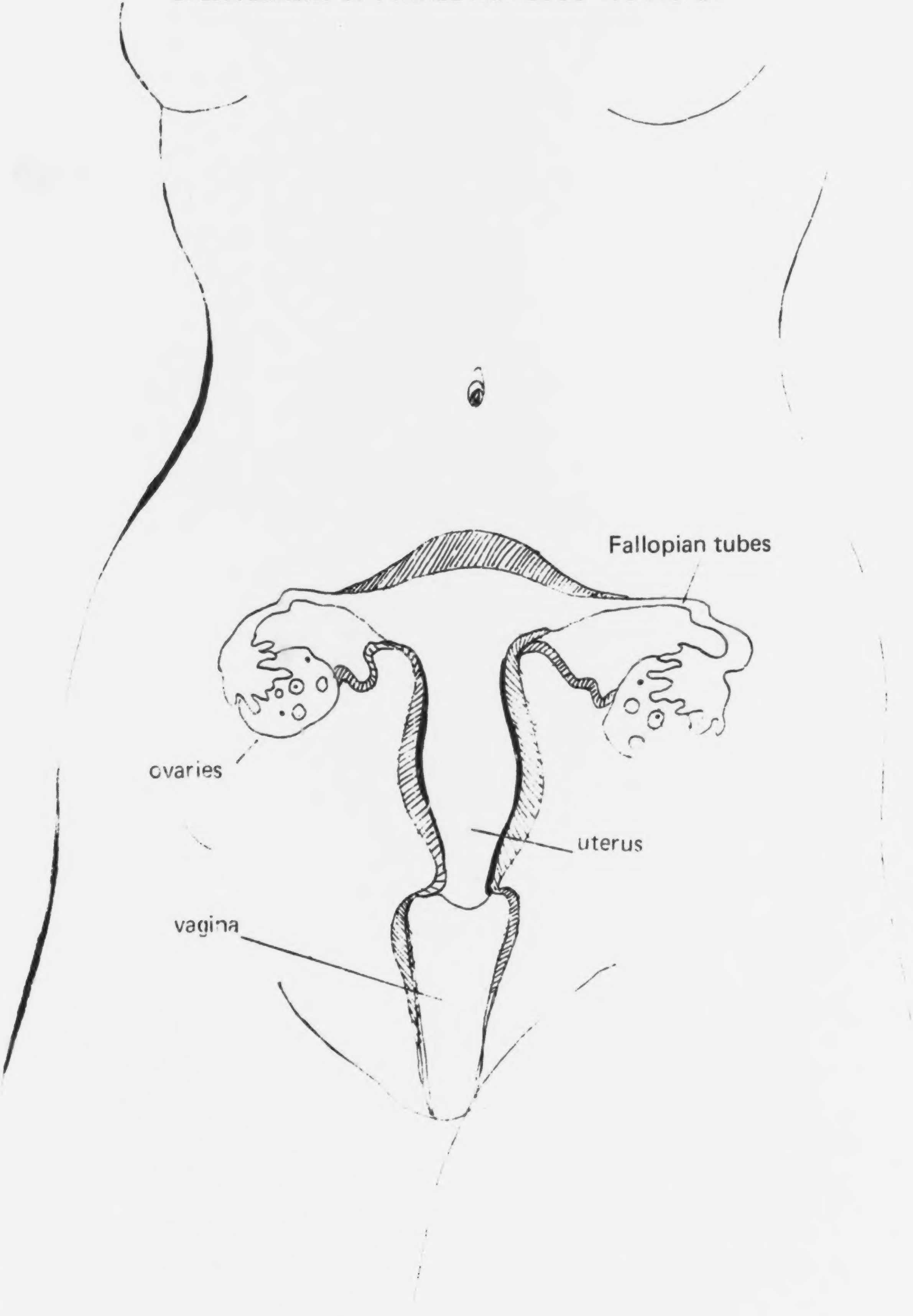

sperm duct
penis
testes or testicles

APPENDIX N

## FEMALE REPRODUCTIVE SYSTEM


uterus
Fallopian tubes
vagina
ovaries

## ENLARGEMENT OF FEMALE REPRODUCTIVE SYSTEM


Fallopian tubes
ovaries
uterus
vagina

# GLOSSARY

**abortion:** (a bor' shun) expulsion of the fetus within the first trimester of pregnancy.

**abortion, criminal:** interference or termination of the progress of pregnancy which is not justified by the state of the mother's mental or physical health; an illegal abortion.

**abortion, spontaneous:** unexpected, premature expulsion of the fetus where no abortive agent is employed.

**abortion, therapeutic:** termination of a pregnancy which is hazardous to the mental or physical health of the mother or fetus.

**afterbirth:** placenta and membranes, usually expelled from the uterus following the birth of a child.

**amenorrhea:** (a men or re' a) absence of menstruation.

**amnion:** (am' ni on) fetal membrane that forms a fluid-filled sac that protects the embryo.

**ampulla:** (am pul' la) final storage place for sperm prior to ejaculation.

**androgen:** (an dro' jen) hormone which controls the development and maintenance of the secondary sex characteristics in males.

**areola mammae:** (a re' o la) darker, pigmented area that surrounds the nipple of the breast.

**bag of waters:** sac of amniotic fluid which protects the fetus during pregnancy and helps to dilate the cervix during labor.

**birth control:** prevention or regulation of conception by any means; contraception.

**bladder, urinary:** hollow organ which holds and stores urine.

**breech birth:** presentation of the buttocks and/or the feet first at the time of delivery.

**cervix:** (sir. vix) cylindrical lower portion of the uterus which protrudes into the upper portion of the vagina. Place through which the baby is expelled in childbirth.

**cesarean delivery:** (si zair' iun) delivery of the baby through an abdominal incision.

**chromosome:** (kro' mo som) bodies in the nucleus of a cell which carry hereditary factors.

**circumcision:** surgical removal of the loose skin surrounding the end of the penis, called the foreskin.

**clitoris:** (klit' o ris, kli' to ris) female homologue of the penis, located at the upper end of the external female genital organ.

**coitus:** (co' i tus) act of sexual intercourse, copulation.

**coitus interruptus:** sexual intercourse in which the penis is withdrawn from the vagina before ejaculation and the semen is discharged externally.

**conception:** fertilization of the ovum by the sperm.

**condom:** sheath of latex, rubber, or lambskin (intestinal membrane) worn over the penis during coitus to prevent conception or venereal disease.

**contraceptive:** agent to prevent contraception, such as a medicated vaginal jelly, condom, diaphragm or oral contraceptive.

**contraceptive, oral:** chemical hormonal preparation taken internally to prevent contraception, "the pill."

**copulation:** (cop u la' shun) sexual intercourse, coitus.

**diaphragm:** contraceptive device worn internally during coitus over the cervical area so as to prevent conception or venereal infection; usually dome-shaped and made of thin rubber or plastic.

**douche:** (doosh) irrigating the vagina with a jet of fluid, either to cleanse it or to apply heat or medication.

**egg:** female germ cell produced in the ovaries.

**ejaculation:** (e jak u la' shun) reflexive act of expelling the semen.

**embryo:** the organism in the early stages of development up through the second month of pregnancy. After the second month of pregnancy, the embryo is called a fetus.

**erection:** filling of the penis or clitoris with blood, which makes these organs rigid and rod-like.

**erogenous area:** (e roj' e nus) area of body stimulation which produces sexual arousal.

**erotic:** causing sexual desire.

**estrogens:** (es' tro jens) hormones which promote the maturation and functions of the female reproductive organs and development of the female secondary sex characteristics.

**exhibitionism:** public exposure of the genitals to another person.

**fallopian tubes:** (fallo' pi an) tubes which carry the ovum or egg from the ovary to the uterus.

**family planning:** determining family size, spacing births, and regulating fertilization.

**fertilization:** the union of the sperm and egg.

**fetus:** the name for an organism from the end of the second month of pregnancy to birth.

**foams:** foam-like liquids which serve to block the passage of sperm to the vagina to prevent pregnancy.

**foreskin:** loose skin covering the end of the penis, often removed surgically by the process of circumcision.

**frigidity:** inability of a female to enjoy or participate in sexual intercourse.

**gene:** (jene) unit of transmission of hereditary characteristics.

**genitals:** (jen' i tals) organs of generation.
male - testes, accompanying tubes, prostate, penis, urethra
female - vulva, vagina, ovaries, fallopian tubes, uterus

**gonad:** (go' nad) general term for the ovary or testis, organ that produces sex cells.

**gynecology:** (jin i kol' o gee) science of the diseases of women, particularly those affecting the sexual organs.

**homosexuality:** being in love with or attracted to members of one's own sex.

**hysterectomy:** (his ter ek' to me) total or partial surgical removal of the uterus.

**identical twin:** twins which have developed from a single egg and which are the same sex and share the same genetic constitution.

**impotence:** (im' po tence) inability of the male to participate in or enjoy the act of sexual intercourse.

**insemination, artificial:** instrumental injection of semen into the vagina or uterus to induce pregnancy.

**intercourse, sexual:** coitus.

**intrauterine device (I.U.D.):** (in tra u' ter ine) contraceptive device placed semipermanently within the uterus to prevent conception.

**jel, contraceptive:** any one of a number of jelly-like substances introduced into the vagina to prevent conception.

**labia majora:** large outer lips of the female genitalia.

**labia minora:** inner lips of the female genitalia.

**lesbianism:** (lez' bi un iz um) homosexuality between women.

**lochia:** (lo' ki a, lok' i a) a discharge from the uterus.

**masturbation:** (mas tur ba' shun) self manipulation of the genitalia, sometimes producing orgasm.

**menopause:** (men' o pawz) cessation of menstruation, usually between the ages of 45 and 50.

**menstruation:** (men stru a' shun) periodic discharge of bloody fluid from the uterus occuring from puberty to the menopause.

**miscarriage:** spontaneous expulsion of a fetus before it is viable.

**mons:** the area of the female body above the vaginal lips and covered by pubic hair.

**nymphomania:** excessive sexual desire on the part of a woman.

**obstetrics** (ob stet' riks) branch of medicine that cares for women during and immediately after pregnancy and delivery.

**orgasm:** (or' gaz um) peak or climax of sexual excitement; accompanied by ejaculation of seminal fluid by the male.

**ovary:** (o' va ri) female sex gland that produces the egg or ovum.

**ovulation:** (o vu la' shun) maturation and escape of the ovum from the follicle.

**ovum:** female germ cell or egg cell.

**penis:** (pe' nis) the male organ of copulation and urination.

**pituitary gland:** small endocrine gland located in the skull directly beneath the brain. This gland secretes a variety of hormones which regulate growth and development.

**placenta:** (pla sen' ta) organ on the wall of the uterus to which the embryo is attached by means of the umbilical cord. The placenta is the source of nourishment for the fetus.

**pregnancy:** the state of a woman from conception to childbirth, usually extending over a period of approximately nine months.

**puberty:** (pu' ber ti) period at which the generative organs become functional and bodily signs of sexual maturity first appear. This is caused by changes in the sex glands.

**rectum:** (rek' tum) the lower part of the large intestine.

**rhythm method:** limitation of intercourse to the infertile periods of the menstrual cycle.

**scrotum:** (scro' tum) pouch of skin in which the testes and related structures are located.

**semen:** (se' men) fluid produced by the male reproductive glands.

**seminal emission:** (sem' i nal) thick, milky fluid containing several million sperm which is ejaculated by the male through the penis during orgasm.

**seminal vesicles:** two small sacs at the base of the bladder which secrete a fluid constituting forty to eighty percent of the semen.

**shaft:** body of the penis.

**sperm:** the mature male germ cell.

**sterile:** not fertile or capable of reproduction.

**testes:** (testis--sing.) The pair of male reproductive glands which, at maturity, are the source of sperm and male hormone.

**transvestitism:** (trans ves' ti tism) obtaining sexual gratification from dressing in the clothes of the opposite sex.

**trimester:** a period of three months; one of the three divisions of pregnancy.

**tubal ligation:** sterilization of the female by cutting and tying the fallopian tubes.

**urethra:** (u re' thra) canal through which urine is discharged.

**uterus:** (u' ter us) a pear-shaped, muscular organ which receives and holds the fertilized ovum during the development of the fetus and is the principal agent of its expulsion during labor.

**vagina:** (va ji' na) the flexible canal in the female in which the penis is inserted during coitus and in which the sperm are deposited. The vagina serves as a birth canal during childbirth.

**vas deferens:** (vas def' e rens) abdominal tube running from the testes to the urethra.

**vasectomy:** (vas ek' to mi) sterilization of the male by cutting and tying the vasa deferentia.

**venereal disease:** (ve ne' re al) collective name for diseases which are transmitted by sexual intercourse with an infected person, such as syphilis and gonorrhea.

**vulva:** (vul' va) external genital organs in women.

**wet dream:** discharge of semen during sleep without coitus, also called nocturnal emission.

**withdrawal:** (see coitus interruptus).

**womb:** (see uterus).

**X chromosome:** sex determining factor in both ovum and sperm; an egg fertilized by the X chromosome will produce a female child.

**Y chromosome:** a sex determining factor found in the sperm; an egg fertilized by the Y chromosome will produce a male child.

## EVALUATING THE SOCIAL AND SEXUAL DEVELOPMENT PROGRAM

This publication is not designed to be a prescribed curriculum in sex education and should not be evaluated as such.

The material contained in this document is presented in a developmental sequence and is based upon a long-range continuum of learning and attitude shaping. This continuum extends from basic understandings appropriate at a primary level up through preparation for marriage and parenthood at the advanced level. It is hoped that the teacher can utilize all the material in this document and adapt it to her individual teaching situation. However, the teacher is encouraged to alter the presentation sequence or material content to meet the needs of her pupils. No one teacher will present all this material in one year to one class nor will she know what material has or will be presented by other teachers. The wide scope and flexibility of the document makes it difficult for an individual teacher to evaluate the program as a whole.

The teacher should evaluate each specific lesson presented using the criteria of whether or not she has achieved her purpose as it was stated in the objective for that lesson.

# TEACHER EVALUATION

## *SOCIAL AND SEXUAL DEVELOPMENT*

The SECDC development staff has the responsibility of producing documents for special education teachers that are readable, usable, and relevant. The format and illustrations are meant to enhance the content. To improve the documents, an on-going evaluation of them is necessary. The teacher is the logical critic and the development staff invites this evaluation.

*Please fill out this form as soon as you have read the document.*

Was this topic needed?

Was the content meaningful and relevant?

Was the layout readable and easy to follow?

Was the information for the teacher sufficient and easy to follow?

Would the teaching suggestions be applicable for use in your classroom?

What additional materials or information would prove beneficial for you?

Additional comments: